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HEALTH SERVICES AND DEVELOPMENT AGENCY
MAY 25, 2016
APPLICATION SUMMARY

NAME OF PROJECT: TriStar Centennial Medical Center

PROJECT NUMBER: CN1602-008

ADDRESS: 2300 Patterson Street
Nashville (Davidson County), TN 37203

LEGAL OWNER: HCA Health Services of Tennessee, Inc.
2300 Patterson Street
Nashville (Davidson County), TN 37203

OPERATING ENTITY: N/A

CONTACT PERSON: John Wellborn
(615) 665-2022

DATE FILED: February 10, 2016

PROJECT COST: \$3,128,317

FINANCING: Cash Reserves of the parent corporation, HCA Holdings, Inc.

PURPOSE FOR FILING: Acquisition of Major Medical Equipment

DESCRIPTION:

Centennial Medical Center (CMC), a 657 licensed bed hospital located in Nashville (Davidson County), Tennessee is seeking approval to acquire and operate a fourth magnetic resonance imaging (MRI) unit at its main hospital facility at 2300 Patterson Street Nashville (Davidson County), TN. The project includes approximately 1,364 square feet of renovation of the MRI area and reading rooms.

The project does not involve the initiation of new health care services or acquisition of major medical equipment other than the MRI. The estimated project cost is \$3,128,317. The entire project is expected to be completed by December 15, 2016.

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CRITERIA AND STANDARDS REVIEW

MAGNETIC RESONANCE IMAGING SERVICES

1. Utilization Standards for non-Specialty MRI Units.

a. An applicant proposing a new non-Specialty stationary MRI service should project a minimum of at least 2160 MRI procedures in the first year of service, building to a minimum of 2520 procedures per year by the second year of service, and building to a minimum of 2880 procedures per year by the third year of service and for every year thereafter.

The historical utilization of TriStar CMC's MRI service was 8,697 procedures in CY2013, 9,104 in CY2014 and 9,780 in CY2015, an increase of approximately 12.5% during the 3 year period.

If approved, the projected utilization is estimated at 2,696 procedures in Year 1, 2,830 in Year 2, and to 2,972 procedures in Year 3. The projected utilization of TriStar's CMC additional one MRI service will substantially exceed the standard for a new service during the first three years of service.

It appears that the applicant will meet this criterion.

2. Access to MRI Units. All applicants for any proposed new MRI Unit should document that the proposed location is accessible to approximately 75% of the Service Area's population. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRI units that service the non-Tennessee counties and the impact on MRI unit utilization in the non-Tennessee counties, including the specific location of those units located in the non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

The PSA consists of 9 Tennessee counties, including Cheatham, Davidson, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties. The nine County PSA generates 80% of the applicant's MRI procedures. Table Seven-A in Section B.III.B.1 shows the principal cities and towns in the nine service area counties are within an hour drive time of the proposed project location.

It appears that this criterion has been met.

3. Economic Efficiencies. All applicants for any proposed new MRI Unit should document that alternate shared services and lower cost

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technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

The applicant states that this proposal is needed for both inpatients and outpatients in a tertiary referral medical center. It is not feasible for the applicant to refer its patients to other MRI units at other locations, so sharing of area MRI capacity is not an option.

It appears that the applicant meets this criterion.

4. Need Standard for non-Specialty MRI Units.

A need likely exists for one additional non-Specialty MRI unit in a Service Area when the combined average utilization of existing MRI service providers is at or above 80% of the total capacity of 3600 procedures, or 2880 procedures, during the most recent twelve month period reflected in the provider medical equipment report maintained by the HSDA. The total capacity per MRI unit is based upon the following formula:

Stationary MRI Units: $1.20 \text{ procedures per hour} \times \text{twelve hours per day} \times 5 \text{ days per week} \times 50 \text{ weeks per year} = 3,600 \text{ procedures per year}$

Mobile MRI Units: $\text{Twelve (12) procedures per day} \times \text{days per week in operation} \times 50 \text{ weeks per year}$. For each day of operation per week, the optimal efficiency is 480 procedures per year, or 80 percent of the total capacity of 600 procedures per year.

The applicant excluded one specialty MRI and one shared multi-position MRI in the service area that performed a total of 2,009 procedures. If the two units are excluded in the service area, the service area utilization in 2014 was 2,641 procedures per MRI (210,230 procedures / 79.6 MRI units).

It appears that this criterion has not been met.

Note to Agency members: Criteria 5 and 6 are not included here since they are not applicable as they relate to specialty MRI units.

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7. Patient Safety and Quality of Care. The applicant shall provide evidence that any proposed MRI Unit is safe and effective for its proposed use.

- a. The United States Food and Drug Administration (FDA) must certify the proposed MRI Unit for clinical use.

The applicant provided documentation the proposed Siemen Magnetron Aera 1.5T MRI unit is approved by the Food and Drug Administration.

It appears that this criterion has been met.

- b. The applicant should demonstrate that the proposed MRI Procedures will be offered in a physical environment that conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.

The applicant confirmed the additional MRI unit will conform to all requirements listed above.

It appears that this criterion has been met.

- c. The applicant should demonstrate how emergencies within the MRI Unit facility will be managed in conformity with accepted medical practice.

The applicant provided documentation how emergencies will be managed according to accepted medical practice.

It appears that this criterion has been met.

- d. The applicant should establish protocols that assure that all MRI Procedures performed are medically necessary and will not unnecessarily duplicate other services.

TriStar CMC performs retrospective reviews on MRI necessity as part of its Quality Improvement Program.

It appears that this criterion has been met.

- e. An applicant proposing to acquire any MRI Unit or institute any MRI service, including Dedicated Breast and Extremity MRI Units, shall demonstrate that it meets or is prepared to meet the staffing recommendations and requirements set forth by the American College of Radiology, including staff education and training programs.

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The applicant is accredited by the American College of Radiology.

It appears that this criterion has been met.

- f. All applicants shall commit to obtain accreditation from the Joint Commission, the American College of Radiology, or a comparable accreditation authority for MRI within two years following operation of the proposed MRI Unit.

The applicant is accredited by the American College of Radiology.

It appears that this criterion has been met.

- g. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

No transfer agreement will be necessary; the proposed additional MRI will be located within an existing tertiary regional referral hospital.

It appears that this criterion has been met.

- 8. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

The applicant indicates data will be submitted to the HSDA Equipment Registry within the expected time frame.

It appears that this criterion has been met.

- 9. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration; or

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Portions of the 9-county service area are located in Medically Underserved Areas designated by the Health Resources and Services Administration.

The applicant meets this criterion.

- b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

The applicant's Children's Hospital treats TennCare Children. If approved, an additional MRI unit will shorten the waiting time for pediatric MRI procedures.

The applicant meets this criterion.

- c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

The applicant states TriStar Centennial Medical Center is contracted with all TennCare MCOs that serve in the 9-county service area.

It appears that the applicant meets this criterion.

- d. Who is proposing to use the MRI unit for patients that typically require longer preparation and scanning times (e.g., pediatric, special needs, sedated, and contrast agent use patients). The applicant shall provide in its application information supporting the additional time required per scan and the impact on the need standard.

If approved, the additional MRI will provide additional capacity for complex sedated pediatric MRI studies that are currently available only one day per week.

It appears that the applicant meets this criterion.

Staff Summary

The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics.

TriStar CMC proposes to expand the hospital's MRI capacity from three existing MRI units to four units. Currently the applicant operates a 1.5 Tesla unit and a 3.0 Tesla unit in the Imaging Department on the 1st floor of its inpatient care Tower and a 1.5 Tesla unit in the TriStar Centennial Outpatient Imaging Center located in another building on campus. If approved, three MRI units will be available in the TriStar CMC Imaging Department with two of the three units capable of performing 1.5T cardiac imaging studies as well as other types of studies including complex pediatric studies under sedation.

Ownership

- TriStar Centennial Medical Center is wholly owned by HCA Health Services of Tennessee, Inc. whose ultimate parent company is HCA, Inc.
- Centennial Medical Center is part of the locally managed HCA, Inc., which operates 14 hospitals and several surgery and imaging centers in Tennessee. An organizational chart is enclosed in Attachment A.4.

Facility Information

- TriStar Centennial Medical Center is a regional tertiary care referral facility for Middle Tennessee and Southern Kentucky.
- According to the TDH website, CMC is currently licensed for 657 beds. The 2014 Joint Annual Report indicates CMC was licensed for 657 beds with 656 beds staffed. Licensed bed occupancy was 68.9% and staffed bed occupancy was 69.0%.

The following provides the Department of Health's definition of the two bed categories pertaining to occupancy information provided in the Joint Annual Reports:

- ***Licensed Beds*** - The maximum number of beds authorized by the appropriate state licensing (certifying) agency or regulated by a federal agency. This figure is broken down into adult and pediatric beds and licensed bassinets (neonatal intensive or intermediate care bassinets).
- ***Staffed Beds*** - The total number of adult and pediatric beds set up, staffed and in use at the end of the reporting period. This number should be less than or equal to the number of licensed beds.

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Facility and MRI Equipment Information

Key highlights of the applicant's proposed MRI service are noted below.

- The applicant plans to purchase an FDA approved Siemen Magnetron Aera 1.5T MRI unit with cardiac imaging capabilities for approximately \$1,837,322.
- The cost of the MRI's 3 associated service agreements in Years 2 through 6 will total \$645,950.
- The MRI unit will perform the standard range of MRI studies of the head and body and have a useful life of 5 years.
- The location of the proposed 4th 1.5 T MRI service will be 1,364 SF of renovated space in the Imaging Department on the first floor of CMC's inpatient care Tower.
- TriStar CMC MRI services hours are Monday-Friday 6:30 AM to 9:00 PM and Saturday and Sunday from 8:00 AM to 6:00 PM.

Project Need

The applicant states that the certificate of need for an additional MRI is needed for the following reasons:

- The 3 current MRIs owned by Centennial Medical Center in 2015 averaged 3,260 procedures per unit which was 113% of the State Health plan optimal standard of 2,880 procedures.
- The applicant expects the demand for MRI services will continue to increase at a rate of 8% a year with the addition of a new second cardiac imaging specialist and two pediatric subspecialists.
- In Davidson County and the 9 county service area the 2014 MRI average procedures per unit were 2,859 (100.7% of optimal standard) and 2,601 procedures (90.3% of optimal standard), respectively.

Service Area Demographics

CMC's declared primary service area includes Cheatham, Davidson, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties.

- The total population of the 9 County Tennessee service area is estimated at 1,892,624 residents in calendar year (CY) 2016 increasing by approximately 7.5% to 2,034,206 residents in CY 2020.
- The overall Tennessee statewide population is projected to grow by 4.3% from 2016 to 2020.
- The 65 and older population in the service area will increase from 12.0% of the general population in 2016 to 14.5% in 2018. The statewide 65 and older population will increase from 16.0% in 2014 of the general population to 18.6% in 2018.

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- The latest 2014 percentage of the proposed primary service area population enrolled in the TennCare program is approximately 17.3% in the service area as compared to the statewide enrollment proportion of 22.0%.

Applicant's Historical and Projected Utilization

The historical and projected MRI utilization is shown in the table below.

Applicant's Historical and Projected Utilization							
	2013	2014	2015	% Change '12-'15	2016 (Est.)	Year 1 2017	Year 2 2018
# MRI Units	3	3	3		3	4	4
MRI Procedures	8,697	9,104	9,784	+12.5%	10,269	10,782	11,322
MRI Procedures per unit	2,899	3,035	3,260		3,423	2,696	2,830

Sources: HSDA Equipment Registry, Projected Data Chart, CN1602-008

- There was a 12.5% increase in MRI utilization at TriStar CMC from 8,697 procedures in 2013 to 9,784 in 2015.
- The 3 current MRIs owned by Centennial Medical Center in 2015 averaged 3,260 procedures per unit which was 113% of the State Health plan optimal standard of 2,880 procedures.
- If the 4th MRI is approved, TriStar CMC will average 2,830 procedures per MRI in Year 2 of the proposed project which is 98.3% of the State health plan optimal standard of 2,880 procedures.

A summary of the MRI inventory and utilization in the 9 County PSA is shown in the table below.

Utilization of Existing MRI Providers in Applicant's PSA, 2012-2014

County	2014 Units	2012	2013	2014	% Change '12-'14
Cheatham	0.4	375	303	298	-20.5%
Davidson	47	128,171	130,592	134,373	4.8%
Dickson	3	3,372	4,068	4,731	40.3%
Montgomery	6	13,831	13,430	11,537	-16.6%
Robertson	1	2,780	3,232	3,407	22.6%
Rutherford	9	20,118	22,863	25,300	25.8%
Sumner	5.2	9,748	10,259	10,512	7.8%
Williamson	5	14,373	14,549	14,008	-2.5%
Wilson	5	7,881	7,772	8,073	2.4%
Total	81.6	200,649	207,068	212,239	5.8%
As a % of 2,880 optimal standard		85.4%	88.1%	90.3%	NA

Source: HSDA Equipment Registry

The previous table reflects the following:

- Total provider utilization increased by approximately 5.8% from 200,649 total procedures in 2012 to 212,239 total procedures in 2014.
- In CY 2014, the combined utilization of the 81.6 MRI units averaged approximately 2,601 procedures per unit or 90.3% of the 2,880 MRI unit standard.
- MRI providers in Dickson County had the largest increase in MRI utilization during the period of 40.3%.

Project Cost

The total project cost is \$3,128,317. Major costs are as follows:

- The renovation cost (including contingency) of the 1,364 square foot area to house the proposed MRI unit with related support space is \$568,398 or 18.2% of the total project cost.
- The total equipment cost for the purchase and 5 year maintenance contract of the 1.5 Tesla Siemens Magnetom Aera unit is \$2,483,950 or 79.4% of the total project cost.
- Average total renovation cost is expected to be \$397/SF and is higher than the HSDA 3rd quartile cost of \$297.82/SF for hospital construction projects from 2012-2014 (as of June 1, 2015). The higher costs is due to shielding and wiring requirements that do not exist in most renovation projects.
- For other details on revised project cost of the project, see the Project Cost Chart on page 45R of the application.

Historical Data Chart

- According to the Historical Data Chart, Centennial Medical Center reported favorable net operating income (NOI) for the three most recent fiscal years: \$46,665,365 for 2013; \$60,307,008 for 2014; and \$83,508,141 for 2015.
- As a percent of net operating revenue, NOI was 8.5% in 2013, 10.3% in 2014, and 12.6% in 2014.

Projected Data Chart

The Projected Data Chart for the proposed cardiac MRI reflects \$17,112,000 in total gross operating revenue on 2,696 MRI procedures in Year 1 (average of \$6,347 per MRI procedure). The Projected Data Chart reflects the following:

- Gross operating revenue increases by 8.1% from Year 1 to \$18,507,000 on 2,830 procedures in Year 2.
- Net operating revenue after bad debt, charity care, and contractual adjustments amounts to approximately 13.8% of total gross operating revenue in FY 2017, from 15.5% in FY14.
- Gross Operating Margin is favorable in the first year of the project at 3.5% of gross operating revenue.

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Charges

The applicant's projected average gross charge in Year 1 amounts to approximately \$6,347/procedure compared to the HSDA Equipment Registry median charge of \$2,229.43/MRI procedure. Highlights of the applicant's charges are as follows:

- The fee schedule of the applicant's MRI charges with breakout by CPT classification compared to current Medicare allowable charges is shown on page 57 of the application.
- After deductions, the projected average net charge is \$875/MRI scan in Year One and Year Two.
- According to CY 2014 HSDA records, the \$6,347 average gross charge is above the \$3,677.84 3rd Quartile charge.

Payor Mix

- The applicant indicates it has contracts with all TennCare MCOs available to its service area population: BluCare, United HealthCare Community Plan (formerly AmeriChoice), TennCare Select and AmeriGroup.
- The applicant's combined payor mix in Year 1 is shown in the table below.

MRI Payor Source, Year 1

Payor Source	Gross Revenue	As a % of Total
Medicare	\$6,902,981	40.34%
TennCare/Medicaid	\$2,328,943	13.61%
Commercial	\$6,418,711	37.51%
Uncompensated	\$917,203	5.36%
Other	\$544,162	3.18%
Total Gross Revenue	\$17,112,000	100%

Source: CN1602-008

Financing

- The source of funding for the project is identified as a cash transfer from the applicant's parent (HCA, Inc.) to the applicant's division office (TriStar Health System).
- A February 8, 2016 letter signed by the Chief Financial Officer of TriStar Centennial Medical Center attests to HCA's ability to finance the project.
- Review of the HCA's Holdings financial statement as of 12/31/14 revealed cash and cash equivalents of \$566,000,000, current assets of \$8,930,000,000 and current liabilities of \$5,480,000,000 for a current ratio of 1.63 to 1.0.

Note to Agency Members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities, which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Staffing

As reflected in the following table, one FTE radiologic technician will be added in Year Two of the proposed project.

Position	Current FTEs	Year One FTEs	Year Two FTEs
Lead MRI Tech	1.0	1.0	1.0
Staff MRI Techs	4.8	5.4	5.8
Total	5.8	6.4	6.8

Licensure/Accreditation

Centennial Medical Center is licensed by the Tennessee Department of Health, accredited by The Joint Commission, and the American College of Radiology. A copy of the most recent inspection by The Joint Commission is located in Attachment C, Orderly Development-7 (c).

The applicant has submitted the required corporate documentation, site control documents, and miscellaneous information pertaining to the demographics of the primary service area. Staff will have a copy of these documents available for member reference at the meeting. Copies are also available for review at the Health Services and Development Agency office.

Should the Agency vote to approve this project, the CON would expire in three years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:

There are no other Letters of Intent, denied or pending applications for this applicant.

Outstanding Certificates of Need

Centennial Medical Center, CN1407-032A, has an outstanding Certificate of Need that will expire on December 1, 2017. The project was approved at the October 22, 2014 Agency meeting for the renovation of the main emergency department, the development of a Joint Replacement Center of Excellence with 10 additional operating rooms; and the increase of the hospital's licensed bed complement from 657 to 686 beds. The estimated project cost was **\$96,192,007.00**. *Project Status Update: The project is under appeal by St. Thomas Health. As of 01/08/2016, the project remains under appeal pending hearing before an Administrative Law Judge with the Secretary of State.*

HCA has financial interests in this project and the following:

Denied Applications:

TriStar Southern Hills Medical Center Emergency Room, CN1412-050D, was denied at the March 25, 2015 Agency meeting. The application was for the establishment of a satellite emergency department facility in a leased building to be constructed. The facility was to contain 8 treatment rooms for emergency services at an unaddressed site at the intersection of Old Hickory Boulevard and American Way, Brentwood (Davidson County), TN 37250. The estimated project cost was **\$11,500,000.00**. *Reason for Denial: The application was denied based on inadequate proof of orderly development.*

Summit Medical Center, CN1206-029D, was denied at the September 26, 2012 Agency meeting. The application was for the establishment of a 20 bed acute inpatient rehab unit and service in its hospital facility by converting 20 adult psychiatric beds and reclassifying the adult psychiatric unit to an inpatient rehabilitation unit. The estimated project cost was **\$2,500,000.00**. *Reason for Denial: The need and orderly development aspects of the application failed to meet the statutory criteria.*

Outstanding Certificates of Need

TriStar Horizon Medical Center, CN1510-047A, has an outstanding Certificate of Need that will expire on March 1, 2019. The application was approved at the January 26, 2016 Agency meeting for the initiation of neonatal intensive care (NICU) services in a 6-bed Level II neonatal nursery through renovation of existing space on the 2nd floor of Horizon Medical Center located at 111 Highway 70 East in Dickson, Tennessee. The estimated project cost is **\$975,500**. *The project was recently approved.*

Summit Medical Center, CN1508-031A, has an outstanding Certificate of Need that will expire on January 1, 2019. The project was approved at the November 18, 2015 Agency meeting for the establishment of a 8,864 SF satellite emergency department (ED) containing 8 examination and treatment rooms to be located at an unaddressed site in the southwest quadrant of intersection of I-40 and Beckwith Road (Exit 229), 100 yards west of Beckwith Road, Mt. Juliet (Wilson County), TN 37122. Located at interstate 40 Exit 229 approximately 9.9 miles east of TriStar Summit Medical Center's main emergency department, the proposed satellite ED will be a full-service, 24-hour, physician-staffed satellite facility operated as a department of Summit Medical Center with the same emergency medical physician coverage and full-time emergency diagnostic and treatment services as the main

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hospital. The estimated project cost is **\$11,106,634**. *Project Status Update: The project was recently approved.*

TriStar Skyline Medical Center, CN1505-014A, has an outstanding Certificate of Need that will expire on October 1, 2018. The project was approved at the August 26, 2015 Agency meeting for a net increase of 10 medical-surgical beds on the main hospital campus at 3441 Dickerson Pike, Nashville (Davidson County), TN by the renovation of existing spaces and closure of 10 beds at the hospital's satellite campus at 500 Hospital Drive in Madison (Davidson County), TN. The hospital's consolidated 385-bed license will not change as a result of this project. The total estimated project cost is **\$843,000**. *Project Status Update: The project was recently approved.*

Parkridge Medical Center, CN1503-007A, has an outstanding Certificate of Need that will expire on July 1, 2018. The project was approved at the June 24, 2015 Agency meeting for the renovation and expansion of several patient care and support department areas of the facility and the acquisition of an additional cardiac catheterization laboratory and bone densitometry unit on its main campus. The project will not change the 275 licensed bed complement of the hospital. The estimated project cost is **\$61,459,477**. *Project Status Update: Per e-mail update submitted on 01/05/2016, the project is completing final architectural plans and construction included in Phase I is expected to begin in May 2016.*

Southern Hills Surgery Center, CN1411-047A, has an outstanding Certificate of Need that will expire July 1, 2017. The project was approved at the May 27, 2015 Agency meeting for the relocation of Southern Hills Surgery Center from 360 Wallace Road, Nashville (Davidson County), TN 37211, to leased space in a building to be constructed at an unaddressed site in the northeast corner of the intersection of Old Hickory Boulevard and American Way, Brentwood (Davidson County), TN 37250. The estimated project cost is **\$17,357,832.00**. *Project Status Update: The project was approved and has been appealed by Saint Thomas Campus Surgicare, L.P., Baptist Surgery Center, L.P., Baptist Plaza Surgicare, L.P., Franklin Endoscopy Center, LLC, and Physicians Pavilion, L.P. As of 01/08/2016, the project remains under appeal.*

Hendersonville Medical Center, CN1302-002A, has an outstanding Certificate of Need that will expire on August 1, 2016. The project was approved at the June 26, 2013 Agency meeting to construct a new fourth floor of medical surgical beds and initiate Level IIB Neonatal Intensive Care services in a new six (6) bed licensed Level IIB Neonatal Intensive Care Unit (NICU) on its campus at 355 New Shackle Island Road, Hendersonville (Sumner County) Tennessee, 37075. The proposed project will not change the total licensed bed complement. The hospital currently holds a single consolidated license for 148 general hospital beds, of which 110 are

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located at its main Hendersonville campus and 38 are located at its satellite campus at 105 Redbud Drive, Portland (Sumner County), TN 37148. The applicant will relocate 13 beds from the satellite campus to the main campus, resulting in 123 licensed beds at the Hendersonville campus and 25 licensed beds at the Portland satellite campus. The estimated cost of the project is **\$32,255,000.00**. *Project Status Update: The project is on the General Counsel's Report for the May 25, 2016 Agency meeting to request a 17-month extension.*

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no Letters of Intent or denied or pending applications for similar service area entities proposing this type of service.

Outstanding Certificates of Need

Tennessee Orthopedic Alliance, P.A., CN1302-004A, has an outstanding Certificate of Need that will expire on August 1, 2016. The CON was approved at the May 22, 2013 Agency meeting for the relocation of two (2) MRI units from the current location at 301 21st Avenue North to 3000 Charlotte Avenue, Nashville (Davidson County), TN to TOAs proposed future office space. The estimated project cost is **\$2,418,132.00**. *Project Status: A May 4, 2016 update from a representative of the project indicates the project has been implemented (March 2016) with a final project report pending.*

Advanced Diagnostic Imaging, P.C. d/b/a Southern Sports Medicine, CN1501-002A, has an outstanding Certificate of need that will expire May 1, 2017. The CON was approved on Consent Calendar at the March 25, 2015 Agency meeting to allow existing extremity magnetic resonance imaging (MRI) services approved in Thomas L. Gautsch, P.C., CN0110-088A, d/b/a Southern Sports Medicine Institute (SSMI), to continue to be provided at the same location under new ownership as ADI d/b/a Southern Sports Medicine Institute. The estimated project cost is **\$621,935.00**. *Project Status Update: Per an update on December 9, 2015 from a representative of the project, the project is complete and a final project report is pending.*

Saint Thomas Medical Partners, CN1508-033A, has an outstanding Certificate of Need that will expire on December 1, 2017. The CON was approved at the October 28, 2015 Agency meeting to acquire the existing magnetic resonance imaging unit (MRI) approved in Neurological Surgeons, P.C. CN9902-013AM and initiate MRI services with no change in the location of the medical group's location at 2214 Elliston Place, Suite 200, Nashville (Davidson County), Tennessee. The estimated project cost is **\$2,213,165.44**. *Project Status: Per an update on May 6, 2016 from a representative of the project, the acquisition of the Howell-Allen practice group by Saint*

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Thomas Medical Partners has been completed, and the MRI which was owned and operated by the Howell-Allen practice group is now being operated by Saint Thomas Medical Partners at the same location as before (2214 Elliston Place, Suite 200, Nashville Tennessee), for use by physicians who are now affiliated with the Saint Thomas Medical Partners neurosurgery practice.

Tennessee Orthopedics, P.C. CN1510-041A, has an outstanding Certificate of Need that will expire on March 1, 2018. The CON was approved at the January 27, 2016 Agency meeting for the relocation of a magnetic resonance imaging (MRI) service by Tennessee Orthopedics, P.C. from 1616 West Main Street, Lebanon, TN 37087 to 101 Physicians Way, Lebanon, TN 37087. The applicant proposed to upgrade the current MRI scanner with a new 1.5 Tesla MRI unit. The estimated project cost is **\$2,471,197.43**. Project Status: *The project was recently approved.*

Williamson Medical Center, CN1512-067A, has an outstanding Certificate of Need that will expire on April 1, 2019. The CON was approved at the February 24, 2016 Agency meeting for the acquisition of a 1.5 Tesla MRI unit to be operated under the license of Williamson Medical Center at its off-campus outpatient imaging department located at 4601 Carothers Parkway approximately 1,450 feet from the hospital's main campus at 4321 Carothers Parkway in Franklin (Williamson County), TN 37067. The estimated project cost of **\$2,401,068**. *The project was recently approved.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME
(05/06/2016)

LETTER OF INTENT


LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Davidson County, Tennessee, on or before February 10th, 2016, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that TriStar Centennial Medical Center, a hospital, owned and managed by HCA Health Services of Tennessee, Inc., a corporation, intends to file an application for a Certificate of Need to acquire and operate a fourth magnetic resonance imaging ("MRI") unit at its main hospital facility at 2300 Patterson Street, Nashville, TN 37203, at a capital cost estimated at \$3,100,000.

Centennial is currently licensed as a 657-bed acute care hospital by the Board for Licensing Health Care Facilities. The project does not contain any type of major medical equipment other than the MRI; it does not initiate or discontinue any health service; and it will not affect the hospital's licensed bed complement.

The anticipated date of filing the application is on or before February 12, 2016. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

	2-8-16	jwdsg@comcast.net
(Signature)	(Date)	(E-mail Address)

Copy

TriStar
Centennial
Medical Center

CN1602-008

02/10/2016 11:29
FEB 09 2016

February 9, 2016

Melanie Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application Submittal
TriStar Centennial Medical Center--Acquisition of MRI
Nashville, Davidson County

Dear Mrs. Hill:

This letter transmits an original and two copies of the subject application. The affidavit and filing fee are enclosed.

I am the contact person for this project. Jerry Taylor is legal counsel. Please advise me of any additional information you may need. We look forward to working with the Agency on this project.

Respectfully,



John Wellborn
Consultant

**TRISTAR CENTENNIAL
MEDICAL CENTER**

**CERTIFICATE OF NEED APPLICATION
TO ACQUIRE AN ADDITIONAL
MRI UNIT**

Filed February 2016

PART A**1. Name of Facility, Agency, or Institution**

TriStar Centennial Medical Center		
<i>Name</i>		
2300 Patterson Street	Davidson	
<i>Street or Route</i>	<i>County</i>	
Nashville	TN	37203
<i>City</i>	<i>State</i>	<i>Zip Code</i>

2. Contact Person Available for Responses to Questions

John Wellborn		Consultant	
<i>Name</i>		<i>Title</i>	
Development Support Group		jwdsg@comcast.net	
<i>Company Name</i>		<i>E-Mail Address</i>	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
<i>Street or Route</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
CON Consultant	615-665-2022	615-665-2042	
<i>Association With Owner</i>	<i>Phone Number</i>	<i>Fax Number</i>	

3. Owner of the Facility, Agency, or Institution

HCA Health Services of Tennessee, Inc.		
<i>Name</i>		
2300 Patterson Street	Davidson	
<i>Street or Route</i>	<i>County</i>	
Nashville	TN	37203
<i>City</i>	<i>State</i>	<i>Zip Code</i>

4. Type of Ownership or Control (Check One)

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For-Profit)	x	I. Other (Specify):	
E. Corporation (Not-for-Profit)			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS

5. Name of Management/Operating Entity (If Applicable) **NA**

<i>Name</i>		
<i>Street or Route</i>	<i>County</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>

6. Legal Interest in the Site of the Institution (Check One)

A. Ownership	x	D. Option to Lease	
B. Option to Purchase		E. Other (Specify):	
C. Lease of _____ Years			

7. Type of Institution (Check as appropriate—more than one may apply)

A. Hospital (Specify): General	x	I. Nursing Home	
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty		J. Outpatient Diagnostic Center	
C. ASTC, Single Specialty		K. Recuperation Center	
D. Home Health Agency		L. Rehabilitation Center	
E. Hospice		M. Residential Hospice	
F. Mental Health Hospital		N. Non-Residential Methadone	
G. Mental Health Residential Facility		O. Birthing Center	
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)		P. Other Outpatient Facility (Specify):	
		Q. Other (Specify):	

8. Purpose of Review (Check as appropriate—more than one may apply)

		G. Change in Bed Complement Please underline the type of Change: <u>Increase</u> , Decrease, Designation, Distribution, Conversion, Relocation	
A. New Institution		H. Change of Location	
B. Replacement/Existing Facility		I. Other (Specify):	
C. Modification/Existing Facility	x		
D. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify)			
E. Discontinuance of OB Service			
F. Acquisition of Equipment	x		

9. Bed Complement Data*(Please indicate current and proposed distribution and certification of facility beds.)*

	Current Licensed Beds	CON approved beds (not in service)	Staffed Beds	Beds Proposed (Change)	TOTAL Beds at Completion
A&B: Medical-Surgical	289	29	289		310
C. Long Term Care Hosp.					
D. Obstetrical/Gyn	59		59		75
E. ICU/CCU/PICU	90		90		88
F. Neonatal	60		60		60
G. Pediatric	27		27		21
H. Adult Psychiatric	132		132		116
I. Geriatric Psychiatric					16
J. Child/Adolesc. Psych.					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid certified)					
M. Nursing Facility Lev. 1 (Medicaid only)					
N. Nursing Facility Lev. 2 (Medicare only)					
O Nursing Facility Lev. 2 (dually certified for Medicare & Medicaid)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child/Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL	657	29	657	0	686

10. Medicare Provider Number:	0440161
Certification Type:	General Hospital
11. Medicaid Provider Number:	0440161
Certification Type:	General Hospital

12. & 13. See page 4

A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?

This is not a new facility. TriStar Centennial Medical Center is certified for both Medicare and TennCare/Medicaid.

A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT.

DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.

TriStar Centennial Medical Center is contracted through the HCA TriStar hospital system to all of the Middle Tennessee TennCare MCO's that operate in Middle Tennessee. They are listed in Table One below.

Table One: Contractual Relationships with Service Area MCO's	
Available TennCare MCO's	Applicant's Relationship
AmeriGroup	contracted
United Healthcare Community Plan	contracted
BlueCare	contracted
TennCare Select	contracted

SECTION B: PROJECT DESCRIPTION

B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.

Proposed Services and Equipment

- The project is the acquisition of a fourth MRI for TriStar Centennial Medical Center.
- The preliminary selection is a 1.5T Siemens Magnetom Aera equipped to perform cardiac imaging studies as well as other types of MRI studies. This new unit will be placed in the main hospital Tower along with two other MRI units. A third MRI is located in an outpatient imaging center ("OIC") at another campus location.
- The project includes two small areas of renovation in the hospital Tower, both for the new MRI room and for relocation of several film reading rooms to provide space for the new MRI.

Ownership Structure

- TriStar Centennial Medical Center is wholly owned by HCA Health Services of Tennessee, Inc. (the CON applicant in this project). That entity is wholly owned by HCA Holdings, Inc., the national healthcare system headquartered in Nashville. Attachment A.4 contains more details, an organization chart, and information on the Tennessee facilities owned by the applicant organization.

Service Area

- The primary service area for the applicant's MRI services is a group of nine counties surrounding Nashville. They are Davidson, Cheatham, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties. This area generates approximately 81% of the hospital's MRI procedures.

Need

- The applicant is a tertiary referral hospital for Middle Tennessee. It currently operates three MRI units, which in 2015 performed 9,780 procedures--an average of 3,260 procedures per unit. That was 113% of the State Health Plan "optimal utilization" standard of 2,880 procedures. It was approximately 91% of total capacity as defined by the State Health Plan. Wait times for examinations are 1.5 to 4 weeks.

February 19, 2016**3:42 pm**

- The new MRI will give TriStar Centennial two units capable of performing cardiac imaging and complex pediatric studies under sedation. With the addition of a new second cardiac imaging specialist and two pediatric subspecialists to the medical staff, demand for MRI--which has been increasing 8% per year--will continue to increase rapidly.
- Service area utilization of existing MRI's is very high. In Davidson County, where the area's tertiary hospitals are located, utilization in the last reporting year (2014) was 2,859 per unit--roughly equivalent to the State Health Plan target of 2,880 procedures per unit for an MRI service area. In this project's entire 9-county primary service area, the CY2014 utilization averaged 2,601 procedures per unit. Service area utilization of MRI has been increasing every year since 2012.

Existing Resources

- The HSDA Registry compiles MRI utilization data Statewide. The Registry reports that in 2014 (the most recent available data) this nine-county area had 81.6 hospital-based, physician practice-based, and freestanding MRI units (mobile units are adjusted to full time equivalents based on the portion of the week that they provide services at that provider location). Davidson County, where this project is located, contained 47 MRI units.

Project Cost, Funding, and Financial Feasibility

- The project cost is estimated at \$3,121,294, of which \$2,482,367 is the actual capital cost (excluding service agreement outlays). The full capital cost will be funded by HCA Holdings, Inc., by means of a cash grant to the hospital, through HCA's TriStar Health System, the hospital's Division Office. TriStar Centennial Medical Center has ample financial reserves, and a positive cash flow and operating margin. These will not be adversely impacted by the project.

Staffing

- The additional MRI will require a minor staffing increase of only one FTE in the Imaging Department.

B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.

B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.*) INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS....ETC.

The Applicant

TriStar Centennial Medical Center is a 657-bed acute care hospital located in the downtown medical district of central Davidson County. It is a tertiary care referral facility for Middle Tennessee and Southern Kentucky. It offers a wide scope of services, including a large cardiovascular surgery program and a Women's and Children's Hospital. TriStar Centennial is also a leading provider of TennCare services.

The Project

This project will expand the hospital's MRI capacity from three (3) MRI units to four (4) units. Currently the hospital operates a 3.0T unit and a 1.5T unit in the Imaging Department on the first floor of its inpatient care Tower. It also operates a 1.5T unit in the TriStar Centennial Outpatient Imaging Center in another building on campus. All three MRI units are certified by the American College of Radiology.

TriStar Centennial proposes to acquire a fourth unit, a 1.5T Siemens MRI with cardiac imaging capability. It will be placed in renovated space within the Imaging Department in the Tower. This will give that Department three MRI units at that location, two of which (the 1.5T units) will be able to perform cardiac imaging studies as well as all other types of studies. The renovation of space for the new MRI will displace several film-reading rooms, which will be replaced by renovating another part of the Imaging Department. Table Two below summarizes the extent of this renovation and its construction cost.

Table Two: Summary of Renovated Areas and Construction Cost			
	MRI Area	Reading Rooms	Total Project
Square Feet	992 SF	372 SF	1,364 SF
Renovation Cost	\$474,543	\$66,788	\$541,331
Renovation Cost PSF	\$478.34	\$179.54	\$396.87

Hours of Operation

TriStar Centennial's MRI units are operating at almost maximum capacity, significantly beyond the 2,880 annual procedures standard that the State Health Plan uses as a guideline for adding MRI capacity. Inpatients are scheduled on 14.5-hour shifts on Monday through Friday from 6:30 AM to 9:00 PM, and on 10-hour shifts Saturday and Sunday from 8:00 AM to 6:00 PM. Outpatients are scheduled Monday through Friday from 8:00 AM to 4:30 PM. The two MRI units in the Imaging Department serve both inpatients and outpatients; the Outpatient Imaging Center MRI serves only outpatients.

Clinical Supervision

Medical direction for the Imaging Department, and most MRI interpretations (or "readings") of MRI studies, are provided by Radiology Alliance, the second largest private radiology group practice in Tennessee. The Department's Medical Director is Dr. Philip Moyers. Two Board-certified cardiologists, Dr. Huneycutt and Dr. Patel, also read cardiac studies. Physician practices bill their own professional fees.

As of February 1, Radiology Alliance had 29 Board-certified radiologists with reading privileges at TriStar Centennial. (See the Attachments to the application for documentation). These physicians are in the Imaging Department at all times when MRI studies are being performed, up to 7 pm in the evening--after which time the Imaging Department is supervised by medical staff present 24/7 in the adjoining Emergency Department. Radiologists are on call 24/7 for urgent and emergent patient care issues.

Ownership

TriStar is owned and operated by HCA Health Services of Tennessee, Inc., which is wholly owned through entities that are wholly owned by HCA Holdings, Inc., a national hospital company based in Nashville. Attachment A.4 contains an organization chart of the applicant's chain of ownership up to the parent company.

Project Cost and Funding

The total project cost is estimated at \$3,191,294, of which \$2,482,367 is the actual capital cost--the balance being the non-capitalized outlay for the MRI maintenance contracts Years 2-6. The capital cost will be funded by HCA Holdings, Inc. by means of a cash transfer to this hospital through its TriStar Health System Division Office. A letter from TriStar attesting to the availability of funding is provided in the Attachments to the application.

Implementation Schedule

If CON approval is granted in mid-2016, TriStar Centennial Medical Center intends to have the new MRI operational no later than January 1, 2017. Its first full year of operation for purposes of projections in this application is CY2017.

APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF \$5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF \$2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHART.

UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E....

Not applicable.

PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.

Hospital construction projects approved by the HSDA in 2012-2014 had the following construction costs per SF:

Table Three: Hospital Construction Cost PSF Years 2012-2014			
	Renovated Construction	New Construction	Total Construction
1st Quartile	\$110.98/sq ft	\$224.09/sq ft	\$156.78/sq ft
Median	\$192.46/sq ft	\$259.66/sq ft	\$227.88/sq ft
3rd Quartile	\$297.82/sq ft	\$296.52/sq ft	\$298.66/sq ft

This MRI project's estimated renovation cost is approximately \$397 PSF:

Table Two (Repeated): Summary of Renovated Areas and Construction Cost			
	MRI Area	Reading Rooms	Total Project
Square Feet	992 SF	372 SF	1,364 SF
Renovation Cost	\$474,543	\$66,788	\$541,331
Renovation Cost PSF	\$478.34	\$179.54	\$396.87

A very small project like this can be expected to show a very high construction cost per SF compared to larger projects, because larger projects spread site mobilization and related fixed costs over a larger square footage, when calculating costs PSF. More pertinent to this project, renovation for an MRI area is always extremely expensive due to shielding and wiring requirements that do not exist in most renovation projects for which HSDA Statewide average data is calculated. For example, in this project the renovation of the reading room area will cost less than \$180 PSF, which is below median costs in the HSDA construction cost table. But the MRI area renovation will cost \$478 PSF.

IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.

Not applicable.

B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.

Not applicable.

B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):

1. ADULT PSYCHIATRIC SERVICES
2. ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS
3. BIRTHING CENTER
4. BURN UNITS
5. CARDIAC CATHETERIZATION SERVICES
6. CHILD AND ADOLESCENT PSYCHIATRIC SERVICES
7. EXTRACORPOREAL LITHOTRIPSY
8. HOME HEALTH SERVICES
9. HOSPICE SERVICES
10. RESIDENTIAL HOSPICE
11. ICF/MR SERVICES
12. LONG TERM CARE SERVICES
13. MAGNETIC RESONANCE IMAGING (MRI)
14. MENTAL HEALTH RESIDENTIAL TREATMENT
15. NEONATAL INTENSIVE CARE UNIT.....

1. The Need For Additional MRI Capacity for All Patients

As shown in Table Four on the following page, TriStar Centennial's three MRI units are utilized at extremely high levels of efficiency. MRI studies have increased at more than an 8% compound annual growth rate ("CAGR") over the past four years (2012-2015). In 2015, the MRI service performed 9,780 procedures, an average of 3,260 procedures per unit. By 2019, even if the annual growth rate drops to 5%, the MRI service will need the capacity to perform 11,888 procedures.

Recent, current, and projected near-term utilization all far exceed the State Health Plan "optimal capacity" standard of 2,880 procedures per year, at which adding MRI capacity is considered to be appropriate. In fact, the TriStar Centennial MRI service has exceeded that State Health Plan threshold for the past three years. TriStar Centennial is now staffing its MRI's for 14.5-hour shifts on weekdays and 10-hour shifts on both Saturday and Sunday. Still, waiting times are unacceptably long--from one to 4 weeks, depending on the type of patient and study. As Table Four on the next page shows, with a fourth MRI operating in 2017, TriStar Centennial will still remain compliant with the State Health Plan goal of performing 2,880 annual procedures in Year Three (2019).

Table Four: Historic and Projected MRI Procedures of Tristar Centennial Medical Center Existing and Proposed Units									
	2012	2013	2014	2015	CAGR 2012-15	2016	Yr One 2017	Yr Two 2018	Yr Three 2019
Growth Over Prior Year	NA	13.9%	4.7%	7.4%	>8%	5.0%	5.0%	5.0%	5.0%
MRI Units Operating	3	3	3	3		3	4	4	4
MRI Procedures	7,637	8,697	9,104	9,780		10,269	10,782	11,322	11,888
MRI Procedures per Unit	2,546	2,899	3,035	3,260		3,423	2,696	2,830	2,972

Source: Joint Annual Reports and Internal Records of Centennial Medical Center

2. The Need for Additional Capacity for Cardiac and Pediatric Patients

Arrhythmia, or heart rhythm irregularity, is a major type of cardiac problem for many patients. They are often corrected by cardiac “ablations”--in which thin, flexible wires (catheters) are inserted into a vein and threaded up into the heart. An electrode at the tip of each wire emits radio waves, creating heat, which destroys nerve pathways in certain heart tissue that is causing the irregular rhythms. This is done in a hospital “EP” (electrophysiology) catheterization laboratory.

Obviously, it is essential first to identify with precision the target for ablation--the specific heart tissues in which there are faulty electrical pathways. Cardiac MRI is TriStar Centennial’s standard of care imaging modality for identifying those faulty pathways in the heart muscle. A cardiac MRI is typically performed prior to an ablation, to define needed structural remodeling and to assess fibrosis of the atrium. The study creates images of the beating heart without requiring patient exposure to radiation and iodine-containing contrast agents. Cardiac MRI is the most lengthy and complex type of MRI study; and TriStar Centennial performs more cardiac MRI studies than any other hospital in the HCA system, nationwide. Demand for such studies is steadily increasing, with the recent addition of a second cardiac imaging specialist (Dr. Patel) to the medical staff.

Additional demand cannot be met, however, without additional machine capacity for cardiac imaging. At present, only one of the three MRI’s at TriStar Centennial is able to perform cardiac MRI studies--the heavily utilized Siemens 1.5T MRI in the Tower. It is working at capacity already. The acquisition of another MRI with cardiac imaging capability will ensure that TriStar Centennial will continue to meet patient needs for this type of study as demand increases in future years.

This additional cardiac MRI will also support other parts of TriStar Centennial’s cardiovascular program. In support of surgery, it will perform viability studies that evaluate the anatomy and function of the heart chambers, the size and blood flow through valves and major vessels, and the condition of the pericardium and other surrounding structures. These studies enhance clinical decision-making with respect to cardiovascular surgery.

The new unit will also benefit pediatric patients. Most pediatric MRI's require anesthesia, which lengthens the total procedure time substantially. They can be complex studies. Currently the highly scheduled Siemens 1.5T MRI in the Tower is the only one appropriate for pediatric studies. TriStar Centennial dedicates a full day per week on that MRI to just its pediatric patients. But with the recent expansion of the Women and Children's Hospital medical staff to include pediatric neurology and oncology subspecialists, demand for pediatric studies has increased; and one day on one MRI is no longer sufficient. This proposed new unit will provide the new capacity needed to continue to meet pediatric needs without undue delays.

3. The Need For Additional MRI Capacity in the Project Service Area

Tables Five-A through Five-C at the end of this section show MRI utilization by provider, within the primary service area of this project, from 2012 through 2014 (the last available data year). Provider information is from the HSDA Registry. In the last row of each table, the applicant has totaled the provider-specific area data and shown area-wide utilization per MRI. Also, in Table Five-A for CY2014, the applicant has added four columns showing each service area county's aggregate average utilization.

The Registry identified 81.6 MRI units in the service area, 47 of which (58%) were in Davidson County, the regional referral center for Middle Tennessee.

In 2014, Davidson County utilized its MRI's at 2,859 procedures per unit. That was approximately equal to the State Health Plan optimal efficiency guideline of 2,880 procedures per unit. Moreover, Davidson County's MRI studies steadily increased from 2012 through 2014. So when 2015 data becomes available it will likely show that Davidson County's MRI utilization exceeded the guideline.

In 2014, the 9-county primary service area averaged 2,601 procedures per MRI, which exceeds 72% of maximum (100%) capacity and is only 10% below the 2,880 guideline. Area average utilization has increased approximately 2.5% per year for the past two years. (2,471 in CY2012 to 2,601 in CY2014 = 5.3% growth). At this rate, area utilization should reach the 2,880 efficiency standard by 2018, Year Two of this project.

Table Five-A: CY 2014 Utilization of MRI Units in the Project's Primary Service Area

County	Provider Type	Provider	Number of MRI's	Fixed or Mobile	Mobile Days Used	Total Procedures	County	Number of MRI's In County	Procedures In County	Procedures Per MRI In County
Cheatham	HOSP	TriStar Ashland City Medical Center	0.4	Mobile (Part)	2 days/week	298	Cheatham	0.4	298	745
Davidson	ODC	Belle Meade Imaging	1	Fixed	0	2,834				
Davidson	PO	Elite Sports Medicine & Orthopaedic Center	2	Fixed	0	5,701				
Davidson	PO	Heritage Medical Associates-Murphy Avenue	0.5	Fixed (Shared)	0	1,561				
Davidson	ODC	Hillsboro Imaging	1	Fixed	0	4,359				
Davidson	ODC	Millennium MRI, LLC	0.5	Fixed (Shared)	0	455				
Davidson	PO	Nashville Bone and Joint	0.5	Fixed (Shared)	0	945				
Davidson	HOSP	Nashville General Hospital	1	Fixed	0	1,725				
Davidson	PO	Neurological Surgeons, PC Imaging Office	1	Fixed	0	5,012				
Davidson	ODC	Next Generation Imaging, LLC	0.5	Fixed (Shared)	0	826				
Davidson	H-Imaging	One Hundred Oaks Breast Center	1	Fixed	0	728				
Davidson	ODC	One Hundred Oaks Imaging	2	Fixed	0	5,613				
Davidson	ODC	Outpatient Diagnostic Center of Nashville	2	Fixed	0	5,268				
Davidson	PO	Pain Management Group, PC	1	Fixed	0	2,306				
Davidson	ODC	Premier Orthopaedics and Sports Medicine	2	Fixed	0	4,930				
Davidson	ODC	Premier Radiology Belle Meade	3	Fixed	0	5,656				
Davidson	ODC	Premier Radiology Brentwood	1	Fixed	0	2,723				
Davidson	ODC	Premier Radiology Hermitage	2	Fixed	0	4,980				
Davidson	ODC	Premier Radiology Midtown	2	Fixed	0	3,054				
Davidson	ODC	Premier Radiology Nashville	1	Fixed	0	1,872				
Davidson	ODC	Premier Radiology St. Thomas West	1	Fixed	0	1,910				
Davidson	ODC	Specialty MRI	0.5	Fixed (Shared)	0	792				
Davidson	HOSP	St. Thomas Midtown Hospital	1	Fixed	0	2,856				
Davidson	HOSP	St. Thomas West Hospital	2	Fixed	0	4,596				
Davidson	PO	Tennessee Oncology, PET Services	1	Fixed	0	1,422				
Davidson	PO	Tennessee Orthopaedic Alliance Imaging	3	Fixed	0	7,388				
Davidson	HOSP	TriStar Centennial Medical Center	3	Fixed	0	9,037				
Davidson	HOSP	TriStar Skyline Medical Center	2	Fixed	0	7,611				
Davidson	HOSP	TriStar Southern Hills Medical Center	1	Fixed	0	2,642				
Davidson	HOSP	TriStar Summit Medical Center	1	Fixed	0	4,091				
Davidson	HODC	TriStar Summit Medical Center - ODC	0.5	Fixed (Shared)	0	2,099				
Davidson	HOSP	Vanderbilt University Hospital	6	Fixed	0	29,381	Davidson	47	134,373	2,859
Dickson	PO	Dickson Medical Associates South	1	Fixed	0	2,409				
Dickson	HODC	Natchez Imaging Center	1	Fixed	0	525				
Dickson	HOSP	TriStar Horizon Medical Center	1	Fixed	0	1,797	Dickson	3	4,731	1,577
Montgomery	ODC	Clarksville Imaging Center, LLC	1	Fixed	0	3,426				
Montgomery	HOSP	Gateway Medical Center	2	Fixed	0	4,617				
Montgomery	RPO	Mobile MRI Services, LLC - Clarksville	1	Mobile (Full)	5 days/week	65				
Montgomery	PO	Premier Medical Group, P.C.	1	Fixed	0	1,453				
Montgomery	PO	Tennessee Orthopaedic Alliance	1	Fixed	0	1,976	Montgomery	6	11,537	1,923
Robertson	HOSP	Northcrest Medical Center	1	Fixed	0	3,407	Robertson	1	3,407	3,407
Rutherford	ODC	Imaging Center of Murfreesboro	1	Fixed	0	5,327				
Rutherford	PO	Murfreesboro Medical Clinic-Garrison Drive	1	Fixed	0	2,344				
Rutherford	ODC	Premier Radiology Murfreesboro	2	Fixed	0	5,595				
Rutherford	ODC	Premier Radiology Smyrna	1	Fixed	0	3,003				
Rutherford	HOSP	St. Thomas Rutherford Hospital	2	Fixed	0	1,994				
Rutherford	PO	Tennessee Orthopaedic Alliance Imaging	1	Fixed	0	4,528				
Rutherford	HOSP	TriStar Stonecrest Medical Center	1	Fixed	0	2,509	Rutherford	9	25,300	2,811
Sumner	H-Imaging	Diagnostic Center at Sumner Station	1	Fixed	0	2,106				
Sumner	HODC	OP Imaging Center at Hendersonville Med Center	1	Fixed	0	1,669				
Sumner	H-Imaging	Portland Diagnostic Center	0.2	Mobile (Part)	1 day/week	312				
Sumner	PO	Southern Sports Medicine Institute, PLLC	1	Fixed	0	638				
Sumner	HOSP	Sumner Regional Medical Center	1	Fixed	0	3,046				
Sumner	HOSP	TriStar Hendersonville Medical Center	1	Fixed	0	2,741	Sumner	5.2	10,512	2,022
Williamson	ODC	Cool Springs Imaging	1	Fixed	0	4,918				
Williamson	ODC	Premier Radiology Cool Springs	2	Fixed	0	3,094				
Williamson	PO	Vanderbilt Bone and Joint	1	Fixed	0	1,877				
Williamson	HOSP	Williamson Medical Center	1	Fixed	0	4,119	Williamson	5	14,008	2,802
Wilson	PO	Premier Radiology Mt. Juliet	1	Fixed	0	3,191				
Wilson	PO	Tennessee Orthopedics, PC	1	Fixed	0	909				
Wilson	PO	Tennessee Sports Medicine	2	Fixed	0	1,501				
Wilson	HOSP	University Medical Center	1	Fixed	0	2,472	Wilson	5	8,073	1,615
Service Area Total			81.6			212,239	PSA	81.6	212,239	2,601

(Total units includes mobile and shared units that have been adjusted to their full time equivalent.)

Provider data from Medical Equipment Registry - 1/21/2016

Table Five-B: CY 2013 Utilization of MRI Units in the Project's Primary Service Area

County	Provider Type	Provider	Year	Number of	Mobile ?	Mobile Days Used	Total Procedures
Cheatham	HOSP	TriStar Ashland City Medical Center	2013	0.4	Mobile (Part)	2 days/week	303
Davidson	ODC	Belle Meade Imaging	2013	1	Fixed	0	3,085
Davidson	PO	Elite Sports Medicine & Orthopaedic Center	2013	2	Fixed	0	4,771
Davidson	PO	Heritage Medical Associates-Murphy Avenue	2013	0.5	Fixed (Shared)	0	1,965
Davidson	ODC	Hillsboro Imaging	2013	1	Fixed	0	4,252
Davidson	ODC	Millennium MRI, LLC	2013	0.5	Fixed (Shared)	0	451
Davidson	PO	Nashville Bone and Joint	2013	0.5	Fixed (Shared)	0	939
Davidson	HOSP	Nashville General Hospital	2013	1	Fixed	0	1,775
Davidson	PO	Neurological Surgeons, PC Imaging Office	2013	1	Fixed	0	4,891
Davidson	ODC	Next Generation Imaging, LLC	2013	0.5	Fixed (Shared)	0	859
Davidson	H-Imaging	One Hundred Oaks Breast Center	2013	1	Fixed	0	682
Davidson	ODC	One Hundred Oaks Imaging	2013	2	Fixed	0	5,430
Davidson	ODC	Outpatient Diagnostic Center of Nashville	2013	2	Fixed	0	5,044
Davidson	PO	Pain Management Group, PC	2013	1	Fixed	0	2,712
Davidson	ODC	Premier Orthopaedics and Sports Medicine	2013	2	Fixed	0	4,471
Davidson	ODC	Premier Radiology Belle Meade	2013	3	Fixed	0	6,929
Davidson	ODC	Premier Radiology Brentwood	2013	1	Fixed	0	1,356
Davidson	ODC	Premier Radiology Hermitage	2013	2	Fixed	0	4,603
Davidson	ODC	Premier Radiology Midtown	2013	2	Fixed	0	1,351
Davidson	ODC	Premier Radiology Nashville	2013	1	Fixed	0	2,072
Davidson	ODC	Specialty MRI	2013	0.5	Fixed (Shared)	0	1,158
Davidson	HOSP	St. Thomas Midtown Hospital	2013	2	Fixed	0	3,249
Davidson	HOSP	St. Thomas West Hospital	2013	2	Fixed	0	5,464
Davidson	PO	Tennessee Oncology, PET Services	2013	1	Fixed	0	1,168
Davidson	PO	Tennessee Orthopaedic Alliance Imaging	2013	3	Fixed	0	6,325
Davidson	HOSP	TriStar Centennial Medical Center	2013	3	Fixed	0	8,840
Davidson	HOSP	TriStar Skyline Medical Center	2013	2	Fixed	0	8,234
Davidson	HOSP	TriStar Southern Hills Medical Center	2013	1	Fixed	0	2,740
Davidson	HOSP	TriStar Summit Medical Center	2013	1	Fixed	0	4,020
Davidson	HODC	TriStar Summit Medical Center - ODC	2013	0.5	Fixed (Shared)	0	2,249
Davidson	HOSP	Vanderbilt University Hospital	2013	6	Fixed	0	29,507
Dickson	PO	Dickson Medical Associates South	2013	1	Fixed	0	1,994
Dickson	HODC	Natchez Imaging Center	2013	1	Fixed	0	484
Dickson	HOSP	TriStar Horizon Medical Center	2013	1	Fixed	0	1,590
Montgomery	ODC	Clarksville Imaging Center, LLC	2013	1	Fixed	0	4,276
Montgomery	HOSP	Gateway Medical Center	2013	2	Fixed	0	4,432
Montgomery	RPO	Mobile MRI Services, LLC - Clarksville	2013	1	Mobile (Full)	5 days/week	1,404
Montgomery	PO	Premier Medical Group, P.C.	2013	1	Fixed	0	1,386
Montgomery	PO	Tennessee Orthopaedic Alliance	2013	1	Fixed	0	1,932
Robertson	HOSP	Northcrest Medical Center	2013	1	Fixed	0	3,232
Rutherford	ODC	Imaging Center of Murfreesboro	2013	1	Fixed	0	4,827
Rutherford	PO	Murfreesboro Medical Clinic-Garrison Drive	2013	1	Fixed	0	1,994
Rutherford	ODC	Premier Radiology Murfreesboro	2013	2	Fixed	0	5,169
Rutherford	ODC	Premier Radiology Smyrna	2013	1	Fixed	0	2,392
Rutherford	HOSP	St. Thomas Rutherford Hospital	2013	2	Fixed	0	1,964
Rutherford	PO	Tennessee Orthopaedic Alliance Imaging	2013	1	Fixed	0	4,148
Rutherford	HOSP	TriStar Stonecrest Medical Center	2013	1	Fixed	0	2,369
Sumner	H-Imaging	Diagnostic Center at Sumner Station	2013	1	Fixed	0	1,948
Sumner	HODC	Outpatient Imaging Center at Hendersonville Medical Center	2013	1	Fixed	0	1,670
Sumner	H-Imaging	Portland Diagnostic Center	2013	0.2	Mobile (Part)	1 day/week	289
Sumner	PO	Southern Sports Medicine Institute, PLLC	2013	1	Fixed	0	723
Sumner	HOSP	Sumner Regional Medical Center	2013	1	Fixed	0	3,064
Sumner	HOSP	TriStar Hendersonville Medical Center	2013	1	Fixed	0	2,565
Williamson	ODC	Cool Springs Imaging	2013	1	Fixed	0	4,552
Williamson	ODC	Premier Radiology Cool Springs	2013	2	Fixed	0	3,151
Williamson	PO	Vanderbilt Bone and Joint	2013	1	Fixed	0	2,743
Williamson	HOSP	Williamson Medical Center	2013	1	Fixed	0	4,103
Wilson	PO	Premier Radiology Mt. Juliet	2013	1	Fixed	0	2,562
Wilson	PO	Tennessee Orthopaedics, PC	2013	1	Fixed	0	1,196
Wilson	PO	Tennessee Sports Medicine	2013	2	Fixed	0	1,801
Wilson	HOSP	University Medical Center	2013	1	Fixed	0	2,213
Service Area Total				81.6			207,068

DAVIDSON COUNTY
PROCEDURES PER UNIT
47 130,592 2,779

(Total units includes mobile and shared units that have been adjusted to their full time equivalent.)

PSA PROCEDURES PER UNIT 2,538

Table Five-C: CY 2012 Utilization of MRI Units in the Project's Primary Service Area

County	Provider Type	Provider	Year	Number of	Mobile ?	Mobile Days Used	Total Procedures
Cheatham	HOSP	TriStar Ashland City Medical Center	2012	0.4	Mobile (Part)	2 days/week	375
Davidson	ODC	Belle Meade Imaging	2012	1	Fixed	0	2,817
Davidson	PO	Elite Sports Medicine & Orthopaedic Center	2012	2	Fixed	0	4,781
Davidson	PO	Heritage Medical Associates-Murphy Avenue	2012	0.5	Fixed (Shared)	0	1,831
Davidson	ODC	Hillsboro Imaging	2012	1	Fixed	0	3,968
Davidson	ODC	Millennium MRI, LLC	2012	0.5	Fixed (Shared)	0	366
Davidson	PO	Nashville Bone and Joint	2012	0.5	Fixed (Shared)	0	953
Davidson	HOSP	Nashville General Hospital	2012	1	Fixed	0	1,481
Davidson	PO	Neurological Surgeons, PC Imaging Office	2012	1	Fixed	0	4,305
Davidson	ODC	Next Generation Imaging, LLC	2012	0.5	Fixed (Shared)	0	649
Davidson	H-Imaging	One Hundred Oaks Breast Center	2012	1	Fixed	0	679
Davidson	ODC	One Hundred Oaks Imaging	2012	2	Fixed	0	5,226
Davidson	ODC	Outpatient Diagnostic Center of Nashville	2012	2	Fixed	0	4,878
Davidson	PO	Pain Management Group, PC	2012	1	Fixed	0	2,451
Davidson	ODC	Premier Orthopaedics and Sports Medicine	2012	2	Fixed	0	5,214
Davidson	ODC	Premier Radiology Belle Meade	2012	3	Fixed	0	7,686
Davidson	ODC	Premier Radiology Brentwood	2012	1	Mobile (Full)	5 days/week	1,058
Davidson	ODC	Premier Radiology Hermitage	2012	2	Fixed	0	4,943
Davidson	ODC	Premier Radiology Nashville	2012	1	Fixed	0	2,376
Davidson	ODC	Specialty MRI	2012	0.5	Fixed (Shared)	0	1,467
Davidson	HOSP	St. Thomas Midtown Hospital	2012	3	Fixed	0	4,752
Davidson	HOSP	St. Thomas West Hospital	2012	4	Fixed	0	5,631
Davidson	PO	Tennessee Oncology, PET Services	2012	1	Fixed	0	279
Davidson	PO	Tennessee Orthopaedic Alliance Imaging	2012	3	Fixed	0	7,163
Davidson	HOSP	TriStar Centennial Medical Center	2012	3	Fixed	0	7,996
Davidson	HOSP	TriStar Skyline Medical Center	2012	2	Fixed	0	7,930
Davidson	HOSP	TriStar Southern Hills Medical Center	2012	1	Fixed	0	2,659
Davidson	HOSP	TriStar Summit Medical Center	2012	1	Fixed	0	4,008
Davidson	HODC	TriStar Summit Medical Center - ODC	2012	0.5	Fixed (Shared)	0	1,918
Davidson	HOSP	Vanderbilt University Hospital	2012	6	Fixed	0	28,706
Dickson	PO	Dickson Medical Associates South	2012	1	Fixed	0	1,658
Dickson	HODC	Natchez Imaging Center	2012	1	Fixed	0	427
Dickson	HOSP	TriStar Horizon Medical Center	2012	1	Fixed	0	1,287
Montgomery	ODC	Clarksville Imaging Center, LLC	2012	1	Fixed	0	4,119
Montgomery	HOSP	Gateway Medical Center	2012	2	Fixed	0	5,242
Montgomery	RPO	Mobile MRI Services, LLC - Clarksville	2012	0.6	Mobile (Part)	3 days/week	1,129
Montgomery	PO	Premier Medical Group, P.C.	2012	1	Fixed	0	1,426
Montgomery	PO	Tennessee Orthopaedic Alliance	2012	1	Fixed	0	1,915
Robertson	HOSP	Northcrest Medical Center	2012	1	Fixed	0	2,780
Rutherford	ODC	Imaging Center of Murfreesboro	2012	1	Fixed	0	2,000
Rutherford	PO	Murfreesboro Medical Clinic-Garrison Drive	2012	1	Fixed	0	2,189
Rutherford	ODC	Premier Radiology Murfreesboro	2012	2	Fixed	0	4,800
Rutherford	ODC	Premier Radiology Smyrna	2012	1	Fixed	0	2,502
Rutherford	HOSP	St. Thomas Rutherford Hospital	2012	2	Fixed	0	2,345
Rutherford	PO	Tennessee Orthopaedic Alliance Imaging	2012	1	Fixed	0	4,120
Rutherford	HOSP	TriStar Stonecrest Medical Center	2012	1	Fixed	0	2,162
Sumner	H-Imaging	Diagnostic Center at Sumner Station	2012	1	Fixed	0	1,707
Sumner	HODC	Outpatient Imaging Center at Hendersonville Medical Center	2012	1	Fixed	0	2,116
Sumner	H-Imaging	Portland Diagnostic Center	2012	0.2	Mobile (Part)	1 day/week	247
Sumner	PO	Southern Sports Medicine Institute, PLLC	2012	1	Fixed	0	720
Sumner	HOSP	Sumner Regional Medical Center	2012	1	Fixed	0	2,591
Sumner	HOSP	TriStar Hendersonville Medical Center	2012	1	Fixed	0	2,367
Williamson	ODC	Cool Springs Imaging	2012	1	Fixed	0	4,308
Williamson	ODC	Premier Radiology Cool Springs	2012	1	Fixed	0	3,683
Williamson	PO	Vanderbilt Bone and Joint	2012	1	Fixed	0	2,728
Williamson	HOSP	Williamson Medical Center	2012	1	Fixed	0	3,654
Wilson	PO	Premier Radiology Mt. Juliet	2012	1	Fixed	0	2,559
Wilson	PO	Tennessee Orthopedics, PC	2012	1	Fixed	0	1,197
Wilson	PO	Tennessee Sports Medicine	2012	2	Fixed	0	1,125
Wilson	HOSP	University Medical Center	2012	1	Fixed	0	3,000
Service Area Total				81.2			200,649

DAVIDSON COUNTY
PROCEDURES PER UNIT
48 128,171 2,670

(Total units includes mobile and shared units that have been adjusted to their full time equivalent.)

PSA PROCEDURES PER UNIT 2,471

3. Service Area Residents' MRI Use Rates Continue to Increase

Other data also indicate that MRI needs for residents of these nine counties have continued to increase. Table Six below charts each county's resident use of MRI, for the past three data years. Service area residents generated an average increase of 3.4% in MRI scans over that period of time. So the TriStar Centennial MRI program can reasonably expect to see steady increases in demand from patients in its primary service area. Of course this data does not capture the substantial additional demand coming into these counties from areas *outside* the nine-county primary service area; but it supports the applicant's projection that demand for MRI will continue to increase as the population of Middle Tennessee continues to increase.

Table Six: Service Area Use Rate of MRI 2012-2014						
County of Residence	County Population 2014	Resident MRI Procedures 2012	Resident MRI Procedures 2013	Resident MRI Procedures 2014	% Change 2012-2014	MRI Use Rate Per 1,000 Pop. in 2014
Cheatham	39,853	3,934	3,827	3,917	-0.4%	98.29
Davidson	656,385	53,288	54,240	55,091	3.4%	83.93
Dickson	50,860	4,989	5,044	5,554	11.3%	109.20
Montgomery	187,649	13,507	14,162	13,186	-2.4%	70.27
Robertson	70,391	6,477	6,883	7,085	9.4%	100.65
Rutherford	293,582	22,771	22,391	24,508	7.6%	83.48
Sumner	172,262	15,166	15,411	16,002	5.5%	92.89
Williamson	202,923	16,937	17,623	18,090	6.8%	89.15
Wilson	124,073	12,589	10,714	11,385	-9.6%	91.76
PSA Total	1,797,978	149,658	150,295	154,818	3.4%	86.11

Source: HSDA Registry and TDOH population projections, 2013 series

B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.

Not applicable to this project.

February 19, 2016**3:42 pm**

B.I.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF \$2.0 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:

1. For fixed site major medical equipment (not replacing existing equipment):
 - a. Describe the new equipment, including:
 1. Total Cost (As defined by Agency Rule);
 2. Expected Useful Life;
 3. List of clinical applications to be provided; and
 4. Documentation of FDA approval.
 - b. Provide current and proposed schedule of operations.
2. For mobile major medical equipment: NA
 - a. List all sites that will be served;
 - b. Provide current and/or proposed schedule of operations;
 - c. Provide the lease or contract cost;
 - d. Provide the fair market value of the equipment; and
 - e. List the owner for the equipment.
3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

The proposed major medical equipment is a 1.5 Tesla MRI with cardiac imaging capabilities. The preliminary selection is a Siemens Magnetom Aera, which will be purchased. Its capital cost including equipment price, sales tax, shipping cost, and rigging is projected to be \$1,837,322. The cost of its three associated service agreements in Years 2 through 6 will total of \$645,950. (Quotes are in Attachments.) The total cost of the major medical equipment for CON purposes, consisting of the capital cost plus the maintenance contract outlay, will be \$2,483,272.

The equipment's useful life will be a minimum of five years. The unit will perform the standard range of MRI studies of the head and body. The proposed Siemens unit is FDA-approved (documentation is provided in the Attachments). Service will be available Monday through Friday from 6:30 AM to 9:00 PM, and Saturday and Sunday from 8:00 AM to 6:00 PM. Outpatients are typically scheduled from 8:30 PM to 4:30 PM on Monday through Friday

B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:

- 1. SIZE OF SITE (IN ACRES);**
- 2. LOCATION OF STRUCTURE ON THE SITE;**
- 3. LOCATION OF THE PROPOSED CONSTRUCTION; AND**
- 4. NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.**

PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.

See Attachment B.III.A.

B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.

TriStar Centennial Medical Center is a tertiary acute care facility well known to the residents of its service area. It is very accessible, located in central Nashville/Davidson County, within minutes of the I-240 loop that circles Nashville and connects to numerous Interstate, U.S., and Tennessee highways running radially in all directions through the service area. The TriStar Centennial campus is on municipal bus lines and is convenient by automobile to major Nashville thoroughfares such as Broadway/West End Avenue, Charlotte Avenue, and Interstates 40, 65, 24, 240, and 440.

Tables Seven-A and Seven-B below list the average driving distances and driving times between TriStar Centennial Medical Center and the principal cities and acute care providers across TriStar Centennial's nine-county service area. Most of those locations are within a half-hour drive time of Centennial; all are within an hour's drive time.

Table Seven-A: Mileage and Drive Times Between Project and Major Communities in the Primary Service Area			
Community	County	Distance in Miles	Drive Time in Minutes
Ashland City	Cheatham	21.2	30 min.
Nashville	Davidson	NA	NA
Dickson	Dickson	39.7	44
Clarksville	Montgomery	49.5	54 min.
Clarksville	Montgomery	49.5	54 min.
Springfield	Robertson	30.4	39 min.
Murfreesboro	Rutherford	35.2	30 min.
Gallatin	Sumner	31.1	37 min.
Franklin	Williamson	22.3	27 min.
Lebanon	Wilson	32.3	36 min.

Source: Google Maps

**Table Seven-B: Mileage and Drive Times
Between Project and Other General Acute Care Hospitals With MRI's
in the Primary Service Area**

Facility and Address	County	Distance in Miles	Drive Time in Minutes
TriStar Ashland City Medical Center	Cheatham	21.4	31 min.
TriStar Summit Medical Center	Davidson	13.9	19 min.
Metro NV General Hospital	Davidson	1.8	5 min.
Saint Thomas Midtown Hospital	Davidson	0.8	3 min.
Saint Thomas West Hospital	Davidson	2.9	8 min.
TriStar Skyline Medical Center, Nashville	Davidson	9.3	16 min.
TriStar Southern Hills Medical Center	Davidson	10.0	17 min.
Vanderbilt Medical Center	Davidson	1.3	5 min.
Horizon Medical Center	Dickson	38.1	43
Gateway Medical Center	Montgomery	46.9	47 min.
Northcrest Medical Center	Robertson	28.0	34 min.
Saint Thomas Rutherford Hospital	Rutherford	32.9	37 min.
TriStar Stonecrest Medical Center	Rutherford	22.8	27 min.
Sumner Regional Medical Center	Sumner	31.9	38 min.
TriStar Hendersonville Medical Center	Sumner	19.5	24 min.
Williamson Medical Center	Williamson	20.0	23 min.
University Medical Center (UMC)	Wilson	32.2	37 min.

Source: Google Maps

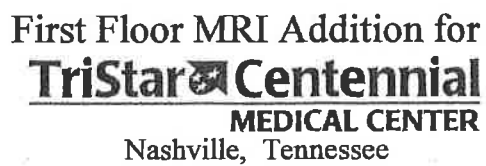
B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.

A floor plan is provided following this page, and also in attachment B.IV.

IV. FOR A HOME CARE ORGANIZATION, IDENTIFY

- 1. EXISTING SERVICE AREA (BY COUNTY);**
- 2. PROPOSED SERVICE AREA (BY COUNTY);**
- 3. A PARENT OR PRIMARY SERVICE PROVIDER;**
- 4. EXISTING BRANCHES AND/OR SUB-UNITS; AND**
- 5. PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization.



C(I) NEED

C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.

A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.

B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).

Project-Specific Review Criteria: MRI Services

1. Utilization Standards for non-Specialty MRI Units.

a. An applicant proposing a new non-Specialty stationary MRI service should project a minimum of at least 2160 MRI procedures in the first year of service, building to a minimum of 2520 procedures per year by the second year of service, and building to a minimum of 2880 procedures per year by the third year of service.

The proposed MRI is conservatively projected to have the following utilization in Years One to Three. The projection is the average of all MRI units in the Department. It is not feasible to project utilization for specific units, which are scheduled on an as-available basis for both inpatients and outpatients.

The applicant's utilization of its units will exceed the State Health Plan criterion every year.

	Year One--2017	Year Two--2018	Year Three--2019
SHP Target	2,160	2,520	2,880
Proposed MRI*	2,696	2,830	2,972

b. Providers proposing a new non-Specialty mobile MRI service should project a minimum of at least 360 mobile MRI procedures in the first year of service per day of operation per week, building to an annual minimum of 420 procedures per day of operation per week by the second year of service, and building to a minimum of 480 procedures per day of operation per week by the third year of service and for every year thereafter.

Not applicable. This will be a fixed MRI.

c. An exception to the standard number of procedures may occur as new or improved technology and equipment or new diagnostic applications for MRI units are developed. An applicant must demonstrate that the proposed unit offers a unique and necessary technology for the provision of health care services in the Service Area.

Not applicable. The MRI unit proposed does not have unique new capabilities.

d. Mobile MRI units shall not be subject to the need standard in paragraph 1 b if fewer than 150 days of service per year are provided at a given location. However, the applicant must demonstrate that existing services in the applicant's Service Area are not adequate and/or that there are special circumstances that require these additional services.

Not applicable. This will be a fixed MRI.

e. Hybrid MRI Units. The HSDA may evaluate a CON application for an MRI "hybrid" Unit (an MRI Unit that is combined/utilized with another medical equipment such as a megavoltage radiation therapy unit or a positron emission tomography unit) based on the primary purposes of the Unit.

Not applicable. This will not be a hybrid unit.

2. Access to MRI Units. All applicants for any proposed new MRI Unit should document that the proposed location is accessible to approximately 75% of the Service Area's population. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRI units that service the non-Tennessee counties and the impact on MRI unit utilization in the non-Tennessee counties, including the specific location of those

units located in the non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

Table Seven-A in Section B.III.B.1 above shows that the principal cities and towns in each of the nine service area counties are within an hour drive time of the project, and that most are within a half-hour drive time. The counties in that table collectively generate more than 80% of the applicant's MRI procedures. None of these counties is in another State.

3. Economic Efficiencies. All applicants for any proposed new MRI Unit should document that alternate shared services and lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

This proposed unit is needed for both inpatients and outpatients in a tertiary referral medical center. It is not feasible for the applicant to refer its inpatients to other MRI units at other locations, so sharing of area MRI capacity is not an option. Nor is lower cost technology an option, in the case of the cardiac and pediatric (sedated) studies which will be the primary use of this new unit.

4. Need Standard for non-Specialty MRI Units.

A need likely exists for one additional non-Specialty MRI unit in a Service Area when the combined average utilization of existing MRI service providers is at or above 80% of the total capacity of 3600 procedures, or 2880 procedures, during the most recent twelve-month period reflected in the provider medical equipment report maintained by the HSDA. The total capacity per MRI unit is based upon the following formula:

Stationary MRI Units: 1.20 procedures per hour x twelve hours per day x 5 days per week x 50 weeks per year = 3,600 procedures per year

Mobile MRI Units: Twelve (12) procedures per day x days per week in operation x 50 weeks per year. For each day of operation per week, the optimal efficiency is 480 procedures per year, or 80 percent of the total capacity of 600 procedures per year.

Table Five-A in Section B.II.C above provides service area MRI utilization from the most recent available HSDA Registry database--CY2014. It shows the following service area utilization, of ALL MRI's in the service area.

Number of MRI's: 81.6
 Number of Procedures: 212,239
 Procedures per MRI: 2,601

Criterion #6 below allows breast, extremity, and multi-position units to be "excluded from the inventory". There appear to be one breast MRI and one shared multi-position MRI in the service area that performed a total of 2,009 procedures. If these few units in the service area are excluded, the service area utilization was:

Number of MRI's: 79.6
 Number of Procedures: 210,230
 Procedures per MRI: 2,641

5. Need Standards for Specialty MRI Units.

a. Dedicated fixed or mobile Breast MRI Unit. An applicant proposing to acquire a dedicated fixed or mobile breast MRI unit shall not receive a CON to use the MRI unit for non-dedicated purposes and shall demonstrate that annual utilization of the proposed MRI unit in the third year of operation is projected to be at least 1,600 MRI procedures (.80 times the total capacity of 1 procedure per hour times 40 hours per week times 50 weeks per year), and that:

1. It has an existing and ongoing working relationship with a breast-imaging radiologist or radiology proactive group that has experience interpreting breast images provided by mammography, ultrasound, and MRI unit equipment, and that is trained to interpret images produced by an MRI unit configured exclusively for mammographic studies;
2. Its existing mammography equipment, breast ultrasound equipment, and the proposed dedicated breast MRI unit are in compliance with the federal Mammography Quality Standards Act;
3. It is part of or has a formal affiliation with an existing healthcare system that provides comprehensive cancer care, including radiation oncology, medical oncology, surgical oncology and an established breast cancer treatment program that is based in the proposed service area.
4. It has an existing relationship with an established collaborative team for the treatment of breast cancer that includes radiologists, pathologists, radiation oncologists, hematologist/oncologists, surgeons, obstetricians/gynecologists, and primary care providers.

b. Dedicated fixed or mobile Extremity MRI Unit. An applicant proposing to institute a Dedicated fixed or mobile Extremity MRI Unit shall provide documentation of the total capacity of the proposed MRI Unit based on the number of days of operation each week, the number of days to be operated each year, the number of hours to be operated each day, and the average number of MRI procedures the unit is capable of performing each hour. The applicant shall then demonstrate that annual utilization of the proposed MRI Unit in the third year of operation is reasonably projected to be at least 80 per cent of the total capacity. Non-specialty MRI procedures shall not be performed on a Dedicated fixed or mobile Extremity MRI Unit and a CON granted for this use should so state on its face.

c. Dedicated fixed or mobile Multi-position MRI Unit. An applicant proposing to institute a Dedicated fixed or mobile Multi-position MRI Unit shall provide documentation of the total capacity of the proposed MRI Unit based on the number of days of operation each week, the number of days to be operated each year, the number of hours to be operated each day, and the average number of MRI procedures the unit is capable of performing each hour. The applicant shall then demonstrate that annual utilization of the proposed MRI Unit in the third year of operation is reasonably projected to be at least 80 per cent of the total capacity. Non-specialty MRI procedures shall not be performed on a Dedicated fixed or mobile Multi-position MRI Unit and a CON granted for this use should so state on its face.

Question 5 is NOT APPLICABLE. The proposed unit is not a specialty unit.

6. Separate Inventories for Specialty MRI Units and non-Specialty MRI Units. If data availability permits, Breast, Extremity, and Multi-position MRI Units shall not be counted in the inventory of non-Specialty fixed or mobile MRI Units, and an inventory for each category of Specialty MRI Unit shall be counted and maintained separately. None of the Specialty MRI Units may be replaced with non-Specialty MRI fixed or mobile MRI Units and a Certificate of Need granted for any of these Specialty MRI Units shall have included on its face a statement to that effect. A non-Specialty fixed or mobile MRI Unit for which a CON is granted for Specialty MRI Unit purpose use-only shall be counted in the specific Specialty MRI Unit inventory and shall also have stated on the face of its Certificate of Need that it may not be used for non-Specialty MRI purposes.

This is not a criterion for the applicant to address other than what was provided in response to question #4 above.

7. Patient Safety and Quality of Care. The applicant shall provide evidence that any proposed MRI Unit is safe and effective for its proposed use.

- a. The United States Food and Drug Administration (FDA) must certify the proposed MRI Unit for clinical use.**

Please see the Attachments for the FDA letter documenting approval for use.

- b. The applicant should demonstrate that the proposed MRI Procedures will be offered in a physical environment that conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.**

The MRI's location, installation, and operation will conform to all applicable Federal, State, and local requirements and to the manufacturer's specifications.

- c. The applicant should demonstrate how emergencies within the MRI Unit facility will be managed in conformity with accepted medical practice.**

Please see the Attachments for copies of TriStar Centennial Medical Center's detailed policies and procedures with respect to responses to emergencies in this service. These conform to accepted medical practice.

- d. The applicant should establish protocols that assure that all MRI Procedures performed are medically necessary and will not unnecessarily duplicate other services.**

TriStar Centennial Medical Center performs retrospective reviews on MRI necessity as part of its Quality Improvement program. In addition, the supervising radiologists who receive all physician requests for MRI can identify requested studies that need to be reviewed with the requesting physician, as to appropriateness and necessity.

- e. An applicant proposing to acquire any MRI Unit or institute any MRI service, including Dedicated Breast and Extremity MRI Units, shall demonstrate that it meets or is prepared to meet the staffing recommendations and requirements set forth by the American College of Radiology, including staff education and training programs.**

The applicant's MRI service is ACR-accredited, as documented in the Attachments to this application. Part of the accreditation process is assurance of appropriate staff education and training.

f. All applicants shall commit to obtain accreditation from the Joint Commission, the American College of Radiology, or a comparable accreditation authority for MRI within two years following operation of the proposed MRI Unit.

The MRI service at TriStar Centennial is already ACR-accredited and the applicant will obtain extended accreditation for this additional MRI unit as soon as possible.

g. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

The MRI will be located within a tertiary regional referral hospital, and no transfer agreement is necessary.

8. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

The applicant will do so.

9. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;

There are pockets within the primary service area that are designated as Medically Underserved Areas. Please see the Attachments.

b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

The applicant's Women's and Children's Hospital treats TennCare children. One benefit of this project is that it will shorten the waiting time for pediatric MRI procedures. Such procedures require longer time periods than most adult procedures because of the frequent necessity for pediatric anesthesia. Currently pediatric MRI procedures are blocked into one day per week on the only MRI unit suitable for such studies. But the demand for pediatric procedures is beginning to challenge that capacity, with the recent expansion of the medical staff in the areas of pediatric oncology and neurology. An additional MRI will relieve congestion in the MRI service and make an additional unit available for pediatric procedures.

c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

TriStar Centennial Medical Center is contracted through its TriStar Division office with all four MCO's that serve Middle Tennessee.

d. Who is proposing to use the MRI unit for patients that typically require longer preparation and scanning times (e.g., pediatric, special needs, sedated, and contrast agent use patients). The applicant shall provide in its application information supporting the additional time required per scan and the impact on the need standard.

Cardiac MRI Studies

The hospital's current array of MRI's--two in the Tower and one in the Outpatient Imaging Center--has only one that is equipped to perform cardiac MRI studies for TriStar Centennial's cardiovascular patients. It is a Siemens 1.5T unit in the Patient Tower. The proposed additional MRI is also a Siemens 1.5T unit with a cardiac imaging capability. This additional specialized capacity is needed for TriStar Centennial's cardiovascular program, as discussed in the Need section of the application. A second cardiac imaging specialist has joined the TriStar Centennial medical staff and demand for MRI time for cardiac imaging studies is increasing.

Pediatric Studies

Similarly, the only MRI at TriStar Centennial suitable for complex sedated pediatric MRI studies is the Siemen's 1.5T unit in the Tower. Currently one day a week is blocked off on that unit for exclusive use for pediatric patients. But growth in demand with new medical staff (pediatric neurology and oncology) requires additional time. With all TriStar Centennial units working at capacity now, more time is needed on this unit for pediatric studies--but there is insufficient capacity elsewhere on campus to which adult studies can be shifted. The new MRI will relieve this bottleneck.

The Framework for Tennessee's Comprehensive State Health Plan

Five Principles for Achieving Better Health

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

1. Healthy Lives

The purpose of the State Health Plan is to improve the health of Tennesseans.

Every person's health is the result of the interaction of individual behaviors, society, the environment, economic factors, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.

The proposed expansion exceeds, or substantially complies with, the applicable standards and criteria in the State Health Plan.

2. Access to Care

Every citizen should have reasonable access to health care.

Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.

TriStar Centennial Medical Center is broadly accessible to the residents of its service area, being contracted to Medicare, to all available TennCare MCO's, and to most of the area's many insurance plans.

3. Economic Efficiencies

The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. The State Health Plan should work to identify opportunities to improve the efficiency of the state's health care system and to encourage innovation and competition.

The applicant's MRI program works to, and beyond, the levels of efficiency recommended by the State Health Plan.

4. Quality of Care

Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. Health care providers are held to certain professional standards by the state's licensure system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.

TriStar Centennial Medical Center and its caregiver teams and surgical staff observe high standards of professional preparation, competence, and care. The hospital and its parent company are heavily committed to identifying and implementing best practices through continuous data-driven evaluation.

5. Health Care Workforce

The state should support the development, recruitment, and retention of a sufficient and quality health care workforce. The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs, and funding.

The applicant's numerous affiliations with health professions training programs contribute yearly to the development of the healthcare workforce. These programs are listed in Section C.III.6 of this application.

C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.

TriStar Centennial Medical Center does not prepare a single, comprehensive Long Range Development Plan. It continuously updates its campus and service line plans through regular community need assessments, service capacity analyses, and facility planning projects. This project supports TriStar Centennial's plans with regard to its Imaging, Cardiovascular, and Pediatric programs. It will meet a need for less invasive cardiac procedures and will address strong and increasing needs in the pediatric population.

C(I).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).

Table Eight below defines the applicant's Tennessee primary service area for MRI. These nine counties surrounding Nashville generated approximately 81% of MRI studies on the TriStar Centennial campus. They are Davidson, Cheatham, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson Counties.

A service area map and a map showing the location of the service within the State of Tennessee are provided as Attachments C, Need--3 at the back of the application.

Table Eight: MRI Patient Origin at TriStar Centennial Medical Center Tennessee Patients--CY2014			
Primary Service Area County	MRI Procedures	Percent of Total Procedures	Cumulative Percent
Davidson	3520	41.9%	41.9%
Williamson	757	9.0%	50.9%
Sumner	539	6.4%	57.3%
Rutherford	474	5.6%	63.0%
Cheatham	410	4.9%	67.9%
Dickson	387	4.6%	72.5%
Wilson	268	3.2%	75.7%
Montgomery	236	2.8%	78.5%
Robertson	202	2.4%	80.9%
Subtotal	6,793	80.9%	
Other TN Counties < 2.4%	1,605	19.1%	100.0%
Total	8,398	100.0%	

Source: HSDA Registry, most recent available data year.

C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.

Table Nine on the following page provides detailed demographic information on the primary service area counties.

The nine-county primary service area is the core of Middle Tennessee, the State's fastest-growing region. In 2020 it will grow to more than two million residents, or 29% of the State population. This will be 175% of the statewide growth rate.

The service area has a smaller percentage of elderly than the Statewide average-- 12% compared to 16% Statewide. It has a higher than average median household income. TennCare enrollees are 17.3% of the total population in the service area compared to a State average of 22%; and residents below the poverty level are 14.2% of the population compared to 17.6% Statewide.

**Table Nine: TriStar Centennial Medical Center--MRI Service
Demographic Characteristics of Primary Service Area
2016-2020**

Primary Service Area Counties	Median Age - 2010 Census	Total Population 2016	Total Population 2020	Total Population % Change 2016 - 2020	Total Population Age 65+ 2016	% of Population 2016	Total Population Age 65+ 2020	% of Population 2020	Age 65+ Population Change 2016 - 2020	Median Household Income	TennCare Enrollees 2016	Percent of 2016 Population Enrolled in TennCare	Persons Below Poverty Level	Persons Below Poverty Level as % of Population US Census
Cheatham	39.3	40,798	41,682	2.2%	5,931	14.5%	7,175	17.6%	21.0%	\$52,446	7,609	18.7%	5,630	13.8%
Davidson	33.9	680,427	714,756	5.0%	77,571	11.4%	88,314	13.0%	13.8%	\$47,335	148,912	21.9%	125,879	18.5%
Dickson	38.7	53,684	56,210	4.7%	8,497	15.8%	10,001	18.6%	17.7%	\$44,318	11,417	21.3%	8,267	15.4%
Montgomery	30.0	201,598	221,620	9.9%	18,531	9.2%	22,487	11.2%	21.3%	\$49,617	34,160	16.9%	33,062	16.4%
Robertson	37.6	73,796	78,659	6.6%	10,629	14.4%	12,957	17.6%	21.9%	\$52,792	14,077	19.1%	9,593	13.0%
Rutherford	32.2	318,638	357,615	12.2%	31,869	10.0%	40,458	12.7%	27.0%	\$55,401	49,605	15.6%	41,423	13.0%
Sumner	38.6	178,730	190,261	6.5%	27,496	15.4%	32,919	18.4%	19.7%	\$55,509	29,925	16.7%	18,588	10.4%
Williamson	38.5	215,859	234,832	8.8%	27,267	12.6%	34,838	16.1%	27.8%	\$89,779	12,307	5.7%	12,304	5.7%
Wilson	39.3	129,094	138,561	7.3%	19,933	15.4%	24,411	18.9%	22.5%	\$60,390	19,076	14.8%	13,168	10.2%
Tennessee PSA	36.5	1,892,624	2,034,206	7.5%	227,724	12.0%	273,560	14.5%	20.1%	\$56,399	327,088	17.3%	267,914	14.2%
State of Tennessee	38.0	6,812,005	7,108,031	4.3%	1,091,516	16.0%	1,266,295	18.6%	16.0%	\$44,298	1,499,841	22.0%	1,198,913	17.6%

Sources: TDOH Population Projections, 2015 U.S. Census QuickFacts; TennCare Bureau.
PSA data is unweighted average, or total, of county data.

C(D).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.

Like other services of TriStar Centennial Medical Center, this proposed MRI will be accessible to the above groups. TriStar Centennial accepts both Medicare and TennCare/Medicaid patients. Treatment is provided without regard to patients' age, gender, racial or minority status, or income. The hospital works with uninsured or underinsured persons to establish new insurance coverage for them and to provide deep discounts and time payment plans to increase their access to care.

C(1).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND OCCUPANCY. OTHER PROJECTS SHOULD USE THE MOST APPROPRIATE MEASURES, E.G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.

Tables Five-A through Five-C, provided above in Section B.II.C (Project Need) showed MRI utilization by provider, within the primary service area of this project, from 2012 through 2014 (the last available data year). Provider information is from the HSDA Registry. In the last row of each table, the applicant totaled the provider-specific area data and shown area-wide utilization per MRI. Also, in Table Five-A for CY2014, the applicant added four columns showing each service area county's aggregate average utilization. The significant facts from those three tables are summarized in Tables Ten-A and Ten-B below, and are discussed on the following page.

Table Ten-A: MRI Utilization in Davidson County CY 2012-2014			
	2012	2013	2014
MRI Units	48	47	47
MRI Procedures	128,171	130,592	134,373
Procedures Per Unit	2,670	2,779	2,859

Source: HSDA Registry and applicant calculations. HSDA counts mobile units in proportion to the number of days per week they serve each site.

Table Ten-B: MRI Utilization in Nine-County Primary Service Area CY 2012-2014			
	2012	2013	2014
MRI Units	81.2	81.6	81.6
MRI Procedures	200,649	207,068	212,239
Procedures Per Unit	2,471	2,538	2,601

Source: HSDA Registry and applicant calculations. HSDA counts mobile units in proportion to the number of days per week they serve each site.

The Registry identified 81.6 MRI units in the service area, 47 of which (58%) were in Davidson County, the regional referral center for Middle Tennessee.

In 2014, Davidson County utilized its MRI's at 2,859 procedures per unit. That was approximately equal to the State Health Plan optimal efficiency guideline of 2,880 procedures per unit. Moreover, Davidson County's MRI studies steadily increased from 2012 through 2014. So when 2015 data becomes available, it will likely show that Davidson County's MRI utilization exceeds the guideline.

In 2014, the 9-county primary service area averaged 2,601 procedures per MRI, which was only 10% below the 2,880-procedure guideline. Area average utilization has increased approximately 2.5% per year for the past two years. (2,471 in CY2012 to 2,601 in CY2014 = 5.3% growth). At this rate, area utilization should reach the 2,880-procedure efficiency standard by 2018, Year Two of this project.

C(1).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.

Table Four in Section B.II.C above (Project Need) provided both historical and projected utilization data for TriStar Centennial Medical Center's MRI service. For convenience that table is repeated on the following page.

It demonstrates that TriStar Centennial's three MRI units are utilized at extremely high levels of efficiency. MRI studies have increased at more than an 8% compound annual growth rate ("CAGR") over the past four years (2012-2015). In 2015, the MRI service performed 9,780 procedures, an average of 3,260 procedures per unit. By 2019, even if the annual growth rate drops to 5%, the MRI service will need the capacity to perform 11,888 procedures, which would be almost 4,000 procedures per unit. That is not feasible to attain with only three MRI's; it is beyond even the State Health Plan's definition of "full capacity" or 100% utilization (3,600 procedures per unit). Table Four projects MRI utilization through 2019--showing that the addition of a fourth MRI will lower average procedures to a more manageable 2,972 procedures per MRI--still above the State Health Plan standard of 2,880 per MRI.

Recent, current, and projected near-term utilization all far exceed the State Health Plan "optimal capacity" standard of 2,880 procedures per year, at which adding MRI capacity is considered to be appropriate. In fact, the TriStar Centennial MRI service has exceeded that threshold for the past three years. TriStar Centennial is now staffing its MRI's for 14.5-hour shifts on weekdays and 10-hour shifts on both Saturday and Sunday. Still, waiting times are unacceptably long--from one to 4 weeks, depending on the type of patient and study. And demand continues to increase, with new cardiac imaging and pediatric subspecialists joining the medical staff. As Table Four on the next page shows, with a fourth MRI operating in 2017, TriStar Centennial will still remain compliant with the State Health Plan goal of performing 2,880 annual procedures in Year Three (2019).

Table Four (REPEATED): Historic and Projected MRI Procedures of Tristar Centennial Medical Center									
Existing and Proposed Units									
	2012	2013	2014	2015	CAGR 2012-15	2016	Yr One 2017	Yr Two 2018	Yr Three 2019
Growth Over Prior Year	NA	13.9%	4.7%	7.4%	>8%	5.0%	5.0%	5.0%	5.0%
MRI Units Operating	3	3	3	3		3	4	4	4
MRI Procedures	7,637	8,697	9,104	9,780		10,269	10,782	11,322	11,888
MRI Procedures per Unit	2,546	2,899	3,035	3,260		3,423	2,696	2,830	2,972

Source: Joint Annual Reports and Internal Records of Centennial Medical Center

C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.

- **ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST \$3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.**

- **THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.**

- **THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.**

- **FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.**

The architect's letter supporting the construction cost estimate is provided in Attachment C, Economic Feasibility--1.

On the Project Costs Chart, following this response:

Line A.1, A&E fees, were estimated by the project architect.

Line A.2, legal, administrative, and consultant fees, include a contingency for expenses of legal assistance during the initial review period through an initial decision by the HSDA .

Line A.5, construction cost, was calculated by the architect and the hospital with the assistance of an experienced contractor utilized by the parent company in this area.

Line A.6, contingency, was estimated by the contractor at 5% of construction costs in line A.5.

Lines A.7 and A.8 provide both fixed and moveable equipment costs. The fixed equipment was based on the MRI vendor's bid and includes tax, shipping, and rigging. The moveable equipment was estimated by TriStar Centennial Medical Center management.

Line A.9 reflects a five-year maintenance agreement quoted by Siemens for the five years beyond the initial one-year warranty period.

SUPPLEMENTAL #1**February 19, 2016****3:42 pm****PROJECT COSTS CHART--CMC 4TH MRI
(REVISED ON SUPPLEMENTAL CYCLE)****A. Construction and equipment acquired by purchase:**

1. Architectural and Engineering Fees	3.50%	\$	18,947
2. Legal, Administrative, Consultant Fees (Excl CON Filing Fee)			20,000
3. Acquisition of Site			0
4. Preparation of Site			0
5. Construction Cost	1,364 SF		541,331
6. Contingency Fund	5%		27,067
7. Fixed Equipment (Not included in Construction Contract)			1,838,000
8. Moveable Equipment (List all equipment over \$50,000)			20,000
9. Other (Specify)	<u>maintenance contract -- 5 years</u>		645,950
	<u>IS and telecommunications</u>		10,000

B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)		0
2. Building only		0
3. Land only		0
4. Equipment (Specify)		0
5. Other (Specify)		0

C. Financing Costs and Fees:

1. Interim Financing		0
2. Underwriting Costs		0
3. Reserve for One Year's Debt Service		0
4. Other (Specify)		0

**D. Estimated Project Cost
(A+B+C)**

3,121,294

E. CON Filing Fee

7,023

F. Total Estimated Project Cost (D+E)**TOTAL \$** 3,128,317

Actual Capital Cost 2,482,367
 Section B FMV 0

February 19, 2016**3:42 pm****C(II).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.**

a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).

☐ **A. Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;**

☐ **B. Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;**

☐ **C. General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;**

☐ **D. Grants--Notification of Intent form for grant application or notice of grant award;**

☒ **E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or**

☐ **F. Other--Identify and document funding from all sources.**

The \$2,482,367 actual capital cost of the project will be funded by the applicant's parent company, HCA Holdings, Inc., by means of a cash transfer through its TriStar Health System Division Office, to TriStar Centennial Medical Center. A letter from TriStar Health System is provided in Attachment C, Economic Feasibility--2, as documentation of financing.

C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.

The justification of costs was provided in an earlier section, which is repeated here:

Hospital construction projects approved by the HSDA in 2012-2014 had the following construction costs per SF:

Table Three: Hospital Construction Cost PSF Years 2012-2014			
	Renovated Construction	New Construction	Total Construction
1 st Quartile	\$110.98/sq ft	\$224.09/sq ft	\$156.78/sq ft
Median	\$192.46/sq ft	\$259.66/sq ft	\$227.88/sq ft
3 rd Quartile	\$297.82/sq ft	\$296.52/sq ft	\$298.66/sq ft

Source: HSDA Registry; CON approved applications for years 2012-2014.

This MRI project's estimated renovation cost is approximately \$397 PSF:

Table Two (Repeated): Summary of Renovated Areas and Construction Cost			
	MRI Area	Reading Rooms	Total Project
Square Feet	992 SF	372 SF	1,364 SF
Renovation Cost	\$474,543	\$66,788	\$541,331
Renovation Cost PSF	\$478.34	\$179.54	\$396.87

A very small project like this can be expected to show a very high construction cost per SF compared to larger projects, because larger projects spread site mobilization and related fixed costs over a larger square footage, when calculating costs PSF. More pertinent to this project, renovation for an MRI area is always extremely expensive due to shielding and wiring requirements that do not exist in most renovation projects for which HSDA Statewide average data is calculated. For example, in this project the renovation of the reading room area will cost less than \$180 PSF, which is below median costs in the HSDA construction cost table. But the MRI area renovation will cost \$478 PSF.

C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY (I.E., IF THE APPLICATION IS FOR ADDITIONAL BEDS, INCLUDE ANTICIPATED REVENUE FROM THE PROPOSED BEDS ONLY, NOT FROM ALL BEDS IN THE FACILITY).

See the following pages for these charts, with notes where applicable.

HISTORICAL DATA CHART – CENTENNIAL MEDICAL CENTER

Give information for the last three (3) years for which complete data are available for the facility or agency.

The fiscal year begins in January.

		Year 2013	Year 2014	Year 2015
A. Utilization Data	DISCHARGE DAYS	156,094	165,182	175,283
B. Revenue from Services to Patients				
1. Inpatient Services		\$ 1,645,075,191	1,809,551,308	2,109,566,584
2. Outpatient Services		838,009,511	992,101,545	1,173,485,700
3. Emergency Services		0	0	0
4. Other Operating Revenue		3,567,942	3,826,693	4,084,792
(Specify) <u>See notes page</u>				
	Gross Operating Revenue	\$ 2,486,652,644	\$ 2,805,479,546	\$ 3,287,137,076
C. Deductions for Operating Revenue				
1. Contractual Adjustments		\$ 1,904,669,517	2,184,892,662	2,581,711,589
2. Provision for Charity Care		12,779,209	12,516,281	13,954,828
3. Provisions for Bad Debt		20,818,765	24,650,758	30,342,692
	Total Deductions	\$ 1,938,267,491	\$ 2,222,059,701	\$ 2,626,009,109
NET OPERATING REVENUE		\$ 548,385,153	\$ 583,419,845	\$ 661,127,967
D. Operating Expenses				
1. Salaries and Wages		\$ 189,576,980	196,099,470	208,986,677
2. Physicians Salaries and Wages		0	0	0
3. Supplies		115,665,749	123,327,836	145,103,468
4. Taxes		4,587,374	4,213,742	4,781,713
5. Depreciation		32,788,556	29,559,513	31,990,355
6. Rent		7,447,826	7,466,100	7,569,966
7. Interest, other than Capital		29,886,991	31,796,382	36,031,474
8. Management Fees		0	0	0
a. Fees to Affiliates		35,523,447	37,888,087	40,622,655
b. Fees to Non-Affiliates		0	0	0
9. Other Expenses (Specify) <u>See notes page</u>		86,242,865	92,761,707	102,533,518
	Total Operating Expenses	\$ 501,719,788	523,112,837	577,619,826
E. Other Revenue (Expenses) -- Net (Specify)		\$ 0	\$ 0	\$ 0
NET OPERATING INCOME (LOSS)		\$ 46,665,365	\$ 60,307,008	\$ 83,508,141
F. Capital Expenditures				
1. Retirement of Principal		\$ 0	\$ 0	\$ 0
2. Interest		0	0	0
	Total Capital Expenditures	\$ 0	\$ 0	\$ 0
NET OPERATING INCOME (LOSS)				
LESS CAPITAL EXPENDITURES		\$ 46,665,365	\$ 60,307,008	\$ 83,508,141

HISTORICAL DATA CHART – CENTENNIAL MEDICAL CENTER MRI SERVICES (ALL UNITS)

Give information for the last three (3) years for which complete data are available for the facility or agency.

The fiscal year begins in January.

		Year 2013	Year 2014	Year 2015
A.	Utilization Data			
	Procedures	8,697	9,104	9,780
B.	Revenue from Services to Patients			
1.	Inpatient Services	\$ 0	0	0
2.	Outpatient Services	0	0	0
3.	Emergency Services	0	0	0
4.	Other Operating Revenue	0	0	0
	(Specify) <u>See notes page</u>			
	Gross Operating Revenue	\$ 47,399,833	\$ 51,546,339	\$ 58,242,496
C.	Deductions for Operating Revenue			
1.	Contractual Adjustments	\$ 39,100,239	42,851,414	48,784,993
2.	Provision for Charity Care	213,813	225,967	279,001
3.	Provisions for Bad Debt	475,906	502,958	621,002
	Total Deductions	\$ 39,789,958	\$ 43,580,339	\$ 49,684,996
	NET OPERATING REVENUE	\$ 7,609,875	\$ 7,966,000	\$ 8,557,500
D.	Operating Expenses			
1.	Salaries and Wages	\$ 1,374,126	1,429,328	1,574,580
2.	Physicians Salaries and Wages	0	0	0
3.	Supplies	843,609	883,088	1,056,240
4.	Taxes	101,609	101,609	101,609
5.	Depreciation	750,000	750,000	750,000
6.	Rent	95,667	72,832	88,020
7.	Interest, other than Capital	414,738	434,147	466,384
8.	Management Fees	0	0	0
	a. Fees to Affiliates	467,246	489,112	525,431
	b. Fees to Non-Affiliates	0	0	0
9.	Other Expenses (Specify) <u>See notes page</u>	1,530,672	1,556,784	1,594,140
	Total Operating Expenses	\$ 5,577,668	\$ 5,716,900	\$ 6,156,403
E.	Other Revenue (Expenses) -- Net (Specify)	\$ 0	0	0
	NET OPERATING INCOME (LOSS)	\$ 2,032,207	\$ 2,249,100	\$ 2,401,097
F.	Capital Expenditures			
1.	Retirement of Principal	\$ 0	0	0
2.	Interest	0	0	0
	Total Capital Expenditures	\$ 0	\$ 0	\$ 0
	NET OPERATING INCOME (LOSS)	\$ 2,032,207	\$ 2,249,100	\$ 2,401,097
	LESS CAPITAL EXPENDITURES			

Note: Based on system limitations we are unable to break out Gross Revenue by patient type

Note: Taxes, Depreciation, Interest and Management Fees are not tracked by service line, items are only estimates

Note: Net Operating Revenue is based on OP reimbursement rates. IP procedures are paid based on a DRG pymt and are not separate

PROJECTED DATA CHART-- PROPOSED CARDIAC MRI

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

		CY 2017	CY 2018
A.	Utilization Data		
	Cardiac MRI Procedures	2,696	2,830
B.	Revenue from Services to Patients		
1.	Inpatient Services	\$ 0	0
2.	Outpatient Services	0	0
3.	Emergency Services	0	0
4.	Other Operating Revenue (Specify) <u>See notes page</u>	0	0
	Gross Operating Revenue	\$ 17,112,000	\$ 18,507,000
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	\$ 14,482,764	15,739,633
2.	Provision for Charity Care	85,838	90,008
3.	Provisions for Bad Debt	184,398	200,359
	Total Deductions	\$ 14,753,000	\$ 16,030,000
	NET OPERATING REVENUE	\$ 2,359,000	\$ 2,477,000
D.	Operating Expenses		
1.	Salaries and Wages	\$ 425,000	434,000
2.	Physicians Salaries and Wages	0	0
3.	Supplies	291,000	309,000
4.	Taxes	33,870	33,870
5.	Depreciation	250,000	250,000
6.	Rent	24,000	25,000
7.	Interest, other than Capital	128,566	134,997
8.	Management Fees	0	0
	a. Fees to Affiliates	144,843	152,088
	b. Fees to Non-Affiliates	0	0
9.	Other Expenses (Specify) <u>See notes page</u>	462,000	482,000
	Dues, Utilities, Insurance, and Prop Taxes.	0	0
	Total Operating Expenses	\$ 1,759,278	\$ 1,820,954
E.	Other Revenue (Expenses) -- Net (Specify)	\$ 0	0
	NET OPERATING INCOME (LOSS)	\$ 599,722	\$ 656,046
F.	Capital Expenditures		
1.	Retirement of Principal	\$ 0	0
2.	Interest	0	0
	Total Capital Expenditures	\$ 0	\$ 0
	NET OPERATING INCOME (LOSS)		
	LESS CAPITAL EXPENDITURES	\$ 599,722	\$ 656,046

Note: Based on system limitations we are unable to break out Gross Revenue by patient type.

Note: Taxes, Depreciation, Interest & Management Fees are not tracked by service line, items are estimates

Note: Net Operating Revenue is based on OP reimbursement rates. IP procedures are paid based on DRG payment and are not separate.

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PROJECTED DATA CHART--CENTENNIAL MEDICAL CENTER
MRI SERVICES (WITH 4 UNITS)

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

		CY 2017	CY 2018
A.	Utilization Data		
	Procedures	10,782	11,322
B.	Revenue from Services to Patients		
1.	Inpatient Services	\$ 0	0
2.	Outpatient Services	0	0
3.	Emergency Services	0	0
4.	Other Operating Revenue (Specify) <u>See notes page</u>	0	0
	Gross Operating Revenue	\$ 68,433,000	\$ 74,010,000
C.	Deductions for Operating Revenue		
1.	Contractual Adjustments	\$ 57,918,316	62,942,820
2.	Provision for Charity Care	343,256	359,944
3.	Provisions for Bad Debt	737,428	801,236
	Total Deductions	\$ 58,999,000	\$ 64,104,000
	NET OPERATING REVENUE	\$ 9,434,000	\$ 9,906,000
D.	Operating Expenses		
1.	Salaries and Wages	\$ 1,699,000	1,736,000
2.	Physicians Salaries and Wages	0	0
3.	Supplies	1,164,000	1,235,000
4.	Taxes	135,478	135,478
5.	Depreciation	1,000,000	1,000,000
6.	Rent	97,000	102,000
7.	Interest, other than Capital	514,153	539,877
8.	Management Fees	0	0
	a. Fees to Affiliates	579,248	608,228
	b. Fees to Non-Affiliates	0	0
9.	Other Expenses (Specify) <u>See notes page</u>	1,755,000	1,842,000
	Dues, Utilities, Insurance, and Prop Taxes.	0	0
	Total Operating Expenses	\$ 6,943,879	\$ 7,198,583
E.	Other Revenue (Expenses) -- Net (Specify)	\$ 0	0
	NET OPERATING INCOME (LOSS)	\$ 2,490,121	\$ 2,707,417
F.	Capital Expenditures		
1.	Retirement of Principal	\$ 0	0
2.	Interest	0	0
	Total Capital Expenditures	\$ 0	\$ 0
	NET OPERATING INCOME (LOSS)		
	LESS CAPITAL EXPENDITURES	\$ 2,490,121	\$ 2,707,417

Note: Based on system limitations we are unable to break out Gross Revenue by patient type.

Note: Taxes, Depreciation, Interest & Management Fees are not tracked by service line, items are estimates.

Note: Net Operating Revenue is based on OP reimbursement rates. IP procedures are paid based on DRG payment and are not separate.

Historical Data Chart - Other Revenue & Expense
TriStar Centennial Medical Center

Other Operating Revenue	2013	2014	2015
Professional Building Revenue	-	(1,072)	(628)
Gift Shop	(30,692)	(31,351)	(32,248)
American Parkinson	(8,317)	(24,951)	(16,634)
Escheat Income	-	(1,647)	-
Cafeteria	(1,668,990)	(1,751,559)	(1,782,099)
Subway	(581,491)	(604,772)	(744,232)
Dairy Queen	(552,317)	(674,888)	(693,323)
Dietary	(22)	(45)	(21)
Vendor Compensation	(11,761)	(12,347)	(13,463)
Lactation Sales	(153,874)	(142,059)	(125,829)
Bariatric Vitamins	(60,632)	(77,437)	(93,750)
PCN Telephone	(127,298)	(126,155)	(122,572)
Employee Badge	(791)	(40)	(530)
Medical Records	(1,791)	(2,006)	(2,052)
CME Grant	(10,600)	(11,500)	(3,500)
CME Seminar	(7,515)	(11,385)	(12,405)
CME Exhibit	(10,850)	(18,730)	(14,250)
Medical Staff Fees	(189,750)	(185,025)	(173,238)
Pharmacy	(3,600)	-	-
Cardiac Rehab	(29,428)	(29,926)	(27,347)
Other Income	(193)	(2,386)	(384)
Weight Loss Program	(20,973)	(18,505)	(21,766)
Other Income	(166)	-	(49,244)
Blis Bariatrics	-	-	(41,552)
Other Income	(63,237)	(69,004)	(83,707)
Community Education	(16,450)	(18,104)	(20,061)
Education	(17,204)	(11,799)	(9,957)
	(3,567,942)	(3,826,693)	(4,084,792)

Other Expenses	2013	2014	2015
Professional Fees	10,787,000	10,625,000	12,910,000
Contract Services	49,426,000	53,990,000	59,971,000
Repairs and Maintenance	10,290,000	11,609,000	11,784,000
Utilities	6,019,000	6,232,000	6,230,000
Insurance	2,587,000	2,652,000	2,794,000
Legal and Accounting	374,000	871,000	1,897,000
Marketing and Advertising	2,372,000	2,393,000	2,020,000
Postage and Transportation	802,000	859,000	859,000
Travel and Entertainment	1,177,000	933,000	957,000
Dues and Subscriptions	630,000	548,000	765,000
Recruitment - Physician	333,000	281,000	682,000
Recruitment - Employee	113,000	80,000	106,000
Other Expenses	1,381,865	1,891,707	1,752,518
Gain On Sales	-7,000	-54,000	-77,000
Other Income	-42,000	-149,000	-117,000
	86,242,865	92,761,707	102,533,518

Historical Data Chart - Other Revenue & Expense TriStar Centennial Medical Center MRI Service (3 units)			
Other Expenses	2013	2014	2015
Professional Fees	60,879	27,312	107,580
Contract Services	730,548	782,944	801,960
Repairs and Maintenance	452,244	464,304	391,200
Utilities	26,091	27,312	29,340
Other Operating	260,910	254,912	264,060
Total	1,530,672	1,556,784	1,594,140

Source: Hospital Management.

Projected Data Chart - Other Revenue & Expense TriStar Centennial Medical Center—Proposed 4th MRI		
Other Expenses	2017	2018
Professional Fees	30,000	31,000
Contract Services	221,000	232,000
Repairs and Maintenance	108,000	113,000
Utilities	8,000	8,000
Other Operating	95,000	98,000
Total	462,000	482,000

Source: Hospital Management.

Projected Data Chart - Other Revenue & Expense TriStar Centennial Medical Center—MRI Service (4 units)		
Other Expenses	2017	2018
Professional Fees	119,000	125,000
Contract Services	884,000	928,000
Repairs and Maintenance	431,000	453,000
Utilities	8,000	8,000
Other Operating	313,000	328,000
Total	1,755,000	1,842,000

Source: Hospital Management.

C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.

Table Eleven-A : Average Charges, Deductions, and Net Charges TriStar Centennial Medical Center Proposed Fourth MRI		
	Year One CY2017	Year Two CY2018
Procedures	2,696	2,830
Average Gross Charge Per Procedure	\$6,347	\$6,540
Average Deduction Per Procedure	\$5,472	\$5,664
Average Net Charge (Net Operating Income) Per Procedure	\$875	\$875
Average Net Operating Income Per Procedure After Capital Expenditures	\$231	\$232

Source: Projected Data Chart.

Table Eleven-B: Average Charges, Deductions, and Net Charges TriStar Centennial Medical Center MRI Service		
	Year One CY2017	Year Two CY2018
Procedures	10,782	11,322
Average Gross Charge Per Procedure	\$6,347	\$6,537
Average Deduction Per Procedure	\$5,472	\$5,662
Average Net Charge (Net Operating Income) Per Procedure	\$875	\$875
Average Net Operating Income Per Procedure After Capital Expenditures	\$231	\$239

Source: Projected Data Chart.

C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.

This project will not adversely impact MRI charges at TriStar Centennial Medical Center. Because the MRI will operate with a positive financial margin, and because the hospital is funding the project in cash, no additional debt service will be imposed on the hospital's overall charge structure.

The response to C(II)6.B below provides Table Twelve, the average gross charges for the most frequent procedures on the MRI. Table Thirteen on the following page provides the most recent available (2014) gross charge per procedure for several service area hospitals, with this project's 2017 (Year One) average gross charge per procedure added for comparison.

C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).

Please see the following page for Table Twelve, showing the applicant's current and projected average gross charges for the most frequently performed MRI procedures in the Imaging Department. Table Thirteen on the second following page compares this project's CY2017 (Year One) gross charge per procedure to that of the other units throughout the service area in CY2014.

**Table Twelve: TriStar Centennial Medical Center - MRI Service
Charge Data for Most Frequent Procedures**

CPT or DRG	Descriptor	Current Medicare Allowable	Average Gross Charge		
			Current	Year 1	Year 2
70553	Mri brain stem w/o & w/dye	451.75	9,054	9,325	9,605
70551	Mri brain stem w/o dye	267.83	4,872	5,018	5,169
73721	Mri jnt of lwr extre w/o dye	267.83	5,153	5,308	5,467
72148	Mri lumbar spine w/o dye	267.83	5,301	5,460	5,624
75561	Cardiac mri for morph w/ dye	451.75	2,415	2,488	2,562
72141	Mri neck spine w/o dye	267.83	5,301	5,460	5,624
73221	Mri joint upr extrem w/o dye	267.83	5,081	5,233	5,390
70544	Mri angiography head w/o dye	267.83	5,301	5,460	5,624
77059	Mri both breasts	399.34	5,449	5,612	5,781
72158	Mri lumbar spine w/o & w/dye	451.75	8,613	8,871	9,137

Source: Hospital management.

Table Thirteen: MRI Gross Charge Comparison--Project Primary Service Area CY2014					
County	Provider Type	Provider	Total Procedures	Total Gross Charges	Average Charge Per Procedure
Cheatham	HOSP	TriStar Ashland City Medical Center	298	\$1,566,123.00	\$5,255
Davidson	HOSP	TriStar Centennial Medical Center	9037	\$51,546,339.00	\$5,704
Davidson	HOSP	TriStar Skyline Medical Center	7611	\$47,257,237.00	\$6,209
Davidson	HOSP	TriStar Southern Hills Medical Center	2642	\$11,531,968.00	\$4,365
Davidson	HOSP	TriStar Summit Medical Center	4091	\$22,589,728.00	\$5,522
Davidson	HODC	TriStar Summit Medical Center - ODC	2099	\$11,204,208.00	\$5,338
Dickson	HODC	Natchez Imaging Center	525	\$2,902,742.00	\$5,529
Dickson	HOSP	TriStar Horizon Medical Center	1797	\$10,693,655.00	\$5,951
Rutherford	HOSP	TriStar Stonecrest Medical Center	2509	\$8,021,177.00	\$3,197
Sumner	HOSP	TriStar Hendersonville Medical Center	2741	\$15,695,227.00	\$5,726
		Average	33350	\$183,008,404.00	\$5,488
Medical Equipment Registry - 1/21/2016					
CY2017 Projected Average Gross Charge, TriStar Centennial Medical Center					\$6,347

C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.

The projected utilization of the proposed MRI is sufficient to generate a positive operating margin. The utilization assumptions are conservative and realistic. Cost-effectiveness is assured; please see the Projected Data Chart for the proposed MRI.

C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.

This will not be an issue for an existing MRI service with the high utilization that is currently documented and conservatively projected. The Projected Data Charts indicate financial viability from the beginning of operation of this additional MRI.

C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.

Table Fourteen-A below shows the most recent year's payor mix (2015) for all of TriStar Centennial Medical Center and for its MRI service. The MRI service's percentages are projected to remain approximately the same for the project's Year One utilization. Table Fourteen-B provides the requested Year One Medicare and Medicaid gross revenue data for the project (the MRI) in its first year of operation.

Table Fourteen-A: TriStar Centennial Medical Center Payor Mix 2015		
	Hospital (IP and OP)	MRI Service Only
Medicare	44.25%	40.34%
Medicaid/TennCare	13.61%	13.61%
Commercial	32.95%	37.51%
Uncompensated	4.93%	5.36%
Other	4.26%	3.18%
Total	100.0%	100.0%

Source: Hospital management.

Table Fourteen-B: Medicare and TennCare/Medicaid Revenues, Project Year One		
	Medicare	TennCare/Medicaid
Gross Revenue	\$6,902,981	\$2,328,943
Percent of Gross Revenue	40.34%	13.61%

Source: Hospital management.

C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.

These are provided as Attachment C, Economic Feasibility--10.

C(II).11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:

A. A DISCUSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.

There is no alternative to the project if TriStar Centennial is to continue to meet its inpatients' needs. It is not feasible for inpatients to be transferred back and forth between providers just for an MRI. TriStar Centennial needs to maintain quality control and scheduling control of its own clinical tests.

B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.

Only renovation is required. The project does not require new construction.

C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.

As a tertiary referral hospital whose MRI's serve nine counties with a CY2020 population that will reach two million persons, TriStar Centennial regularly discharges patients to more than a hundred Middle Tennessee and Kentucky nursing homes, home health agencies, hospices, and rehabilitation hospitals and units of hospitals. It is the central tertiary facility for HCA's TriStar Health System, HCA's Tennessee and Kentucky hospital division. As such, it has strong referral, training, and other operational relationships with the other four HCA hospitals in the project's primary service area--TriStar's Skyline, Summit, Southern Hills, and Horizon Medical Centers.

C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.

The very high utilization rates of the applicant's MRI services for the past three years clearly justifies this additional unit based on State Health Plan criteria. The project will not reduce the utilization rate of other area providers. It addresses only the urgent needs of TriStar Centennial patients for quicker access to MRI examinations at TriStar Centennial itself. It will relieve and avoid excessive waiting times for MRI studies of all types, which will enhance the efficiency of the hospital's care programs across a wide spectrum of needs, including its cardiovascular and pediatric programs.

C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.

Please see the following page for Table Sixteen-A, showing the project's current and future staffing requirements and salary ranges. The project will require the addition of only one (1) radiologic technologist. Table Sixteen-B shows the staffing of the Outpatient Imaging Center, a different building on the campus. The project will not affect that location.

The Department of Labor and Workforce Development website provides the following annual salary information for clinical employees of this project, in the Nashville area.

Table Fifteen: TDOL Surveyed Average Salaries for the Region		
Position	Mean Annual Salary	Median Annual Salary
MRI Tech	\$58,830	\$58,510

Table Sixteen-A: Centennial Medical Center MRI Tower Service									
Current and Projected Staffing									
Position Type (RN, etc.)	Current FTE's	Year 1 FTE's	Year 2 FTE's	Salary for Position		Total Year 2 Potential Salaries			
				Minimum	Maximum	Minimum	Maximum		
Lead MRI Technologist	1	1	1	\$54,080	\$77,376	\$54,080	\$77,376		
Staff MRI Technologists	4.8	5.4	5.8	\$51,917	\$75,296	\$301,117	\$436,717		
						\$0	\$0		
						\$0	\$0		
						\$0	\$0		
Totals	4.8	5.4	5.8			\$301,117	\$436,717		

Table Sixteen-B: Centennial Medical Center MRI Imaging Center									
Current and Projected Staffing (No change Projected)									
Position Type (RN, etc.)	Current FTE's	Year 1 FTE's	Year 2 FTE's	Salary for Position		Total Year 2 Potential Salaries			
				Minimum	Maximum	Minimum	Maximum		
Staff MRI Technologist	1	1	1	\$52,000	\$74,880	\$52,000	\$74,880		
						\$0	\$0		
						\$0	\$0		
						\$0	\$0		
Totals	1	1	1			\$52,000	\$74,880		

Source: Hospital management.

C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.

The project requires the addition of only one (1) MRI radiology technologist. These persons are readily available in the service area.

C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF. THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW POLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.

The applicant so verifies.

C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTION'S PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).

TriStar Centennial Medical Center has approximately 78 contractual relationships with health professions training programs in this region. Please see the list on the following page.

CMC TRAINING AFFILIATE	TYPE OF CONTRACT	DEPARTMENT	DESCRIPTION
University of Tennessee at Memphis	Clinical Affiliation Agreement	Pharmacy	
Trevecca Nazarene University	Affiliation Agreement	Medical Staff-Support Svc	Physician Assistant
Meharry Medical College	Clinical Affiliation Agreement	Parthenon Pavilion	
Meharry Medical College	Clinical Affiliation Agreement	Women's Hospital	
Kettering College of Medical Arts	Affiliation Agreement	Medical Staff-Support Svc	
Lincoln Memorial University	Educational Agreements	Medical Staff-Support Svc	Physician-Assistant Program
Wayne State University	Clinical Affiliation Agreement	Physical Therapy	
Belmont University	Educational Agreements	Physical Therapy	Physical Therapy
Union University	Affiliation Agreement	Nursing	
Wake Forest School of Medicine	Clinical Affiliation Agreement	Medical Staff-Support Svc	Physician Asst. Clinical Affiliation
MedVance Institute	Affiliation Agreement	Laboratory Services	
Lipscomb University	Clinical Affiliation Agreement	Pharmacy	Pharmacy - Student Preceptor
Columbia State Community College	Affiliation Agreement	Nursing	
Brandman University	Affiliation Agreement	Parthenon Pavilion	
Lincoln Memorial University	Affiliation Agreement	Medical Staff-Support Svc	
Nashville State Community College	Affiliation Agreement	Surgery	Central Processing Technology Program
University of Tennessee at Chattanooga	Affiliation Agreement	Physical Therapy	
Lipscomb University	Educational Agreements	Dietary Services	
Middle Tennessee State University	Educational Agreements	Nursing	Nursing - Educational Agreement
Nashville State Technical Community College	Educational Agreements	Surgery	
Vanderbilt University	Educational Agreements	Rehab Services	
Vanderbilt University	Educational Agreements	Nursing	Nursing
Volunteer State Community College	Educational Agreements	Education	
Tennessee State University	Educational Agreements	Rehab Services	PT & OT
AUSTIN PEAY STATE UNIVERSITY	Educational Agreements	Nursing	
Belmont University	Educational Agreements	Nursing	Education Agreement - Nursing
AUSTIN PEAY STATE UNIVERSITY	Educational Agreements	Education	Radiologic Technology, Clinical Students
Tennessee Tech University	Educational Agreements	Dietary Services	
University of Tennessee at Memphis	Educational Agreements	Laboratory Services	Medical Technology
AUSTIN PEAY STATE UNIVERSITY	Educational Agreements	Education	Medical Technology / Medical
University of Tennessee	Educational Agreements	Social Services	Social Work
Fortis Institute	Educational Agreements	Medical Imaging	Radiologic Technology
American Society of Health-System Pharmacists	Educational Agreements	Pharmacy	
University of Tennessee at Martin	Educational Agreements	Dietary Services	
Madisonville Community College	Educational Agreements	Education	
Cheatham County Schools	Educational Agreements	Administration	
University of Tennessee	Educational Agreements	Parthenon Pavilion	
AUSTIN PEAY STATE UNIVERSITY	Educational Agreements	Oncology	
Middle Tennessee State University	Educational Agreements	Parthenon Pavilion	
Lipscomb University	Educational Agreements	Education	School of Nursing
University of Alabama	Educational Agreements	Education	Graduate & Undergraduate Education
Vanderbilt University	Educational Agreements	Education	
Fortis Institute	Educational Agreements	Surgery	
Breckinridge School of Nursing at ITT Technical Institute	Educational Agreements	Nursing	
Argosy University Twin Cities	Educational Agreements	Medical Imaging	CV Sonography
Middle Tennessee State University	Educational Agreements	Case Management	
A. T. Still University	Educational Agreements	Rehab Services	
Marywood University	Educational Agreements	Dietary Services	
Walden University	Educational Agreements	Nursing	
Tennessee Technology Center at Nashville	Educational Agreements	Laboratory Services	
Angelo State University	Educational Agreements	Education	Post Masters - Registered Nurse First
Meharry Medical College	Educational Agreements	Medical Staff-Support Svc	Resident Medical Education
A. T. Still University	Educational Agreements	Medical Staff-Support Svc	Medical School Program
University of Mississippi Medical Center	Educational Agreements	Physical Therapy	Physical Therapy
University of Missouri	Educational Agreements	Women's Hospital	Internship - Child Life Specialist
Mississippi State University	Educational Agreements	Women's Hospital	
Fortis Institute	Educational Agreements	Laboratory Services	MLT
University of Alabama Birmingham	Educational Agreements	Education	
University of Missouri	Educational Agreements	Nursing	
Weber State University	Educational Agreements	Education	
University of Houston	Educational Agreements	Dietary Services	
University of Cincinnati	Educational Agreements	Laboratory Services	
Fortis Institute	Educational Agreements	Nursing	
Meharry Medical College School of Medicine	Educational Agreements	Education	
Nashville State Community College	Educational Agreements	Nursing	
Norwich University	Educational Agreements	Nursing	
Middle Tennessee School of Anesthesia	Educational Agreements	Nursing	CRNA Program
Meharry Medical College	Educational Agreements	Education	Surgery Program
Bethel University	Educational Agreements	Education	Physician's Asst. Program
Meharry Medical College	Educational Agreements	Medical Staff-Support Svc	Residency
Thomas Edison State College	Educational Agreements	Nursing	Nursing
University of Tennessee Emergency Medicine Residency Program	Program Agreement	Administration	
Emory University	Educational Agreements	Education	
Tennessee Board of Regents	Educational Agreements	Education	
Western Kentucky University	Educational Agreements	Education	College of Health and Human Services
Aquinas College	Educational Agreements	Education	Nursing
Belmont University	Educational Agreements	Parthenon Pavilion	Pastoral Care
Cumberland University	Educational Agreements	Nursing	

C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.

The applicant so verifies.

C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION

LICENSURE: Board for Licensure of Healthcare Facilities
Tennessee Department of Health

CERTIFICATION: Medicare Certification from CMS
TennCare Certification from TDH

ACCREDITATION: Joint Commission
American College of Radiology

C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, certified for participation in Medicare and Medicaid/TennCare, and fully accredited by the Joint Commission on Accreditation of Healthcare Organizations.

C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.

None.

C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.

None.

C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

PROOF OF PUBLICATION

Attached.

DEVELOPMENT SCHEDULE

1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.

The Project Completion Forecast Chart is provided after this page.

2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.

Not applicable. The applicant anticipates completing the project within the period of validity.

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision Date, as published in Rule 68-11-1609(c):

May 25, 2016

Assuming the CON decision becomes the final Agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

PHASE	DAYS REQUIRED	Anticipated Date (MONTH /YEAR)
1. Architectural & engineering contract signed	5	6-1-16
2. Construction documents approved by TDH	35	7-1-16
3. Construction contract signed	49	7-15-16
4. Building permit secured	65	8-1-16
5. Site preparation completed	na	na
6. Building construction commenced	79	8-15-16
7. Construction 40% complete	125	9-30-16
8. Construction 80% complete	156	11-1-16
9. Construction 100% complete	200	12-15-16
10. * Issuance of license	na	na
11. *Initiation of service	216	1-1-17
12. Final architectural certification of payment	247	2-1-17
13. Final Project Report Form (HF0055)	306	4-1-17

*** For projects that do NOT involve construction or renovation: please complete items 10-11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

AFFIDAVITSTATE OF TENNESSEECOUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.

John Wellborn
SIGNATURE/TITLE
CONSULTANT

Sworn to and subscribed before me this 9th day of February, 2016 a Notary
(Month) (Year)

Public in and for the County/State of DAVIDSON



[Signature]
NOTARY PUBLIC

My commission expires July 2, 2018
(Month/Day) (Year)

A.6--Site Control

INDEX OF ATTACHMENTS

A.4	Ownership--Legal Entity and Organization Chart (if applicable)
A.6	Site Control
B.II.E.1.	Fixed Major Medical Equipment--FDA Approval Documentation
B.II.E.3	Major Medical Equipment--Vendor Quotations / Draft Leases
B.III.	Plot Plan
B.IV.	Floor Plan
C, Need--1.A	Documentation of Project-Specific Criteria
C, Need--1.A.3.	Letters of Intent & Qualifications; Protocols
C, Need--3	Service Area Maps
C, Economic Feasibility--1	Documentation of Construction Cost Estimate
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	Licensing & Accreditation Inspections
Miscellaneous Information	U.S. Census Demographic Data for PSA TennCare Enrollment PSA
Support Letters	

TriStar Centennial Medical Center

Nashville, TN

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

November 9, 2013

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD

Rebecca J. Patchin, MD
Chair, Board of Commissioners

Organization ID #7888

Print/Reprint Date: 02/10/2014

Mark R. Chassin, MD, FACP, MPP, MPH

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



TriStar Centennial Medical Center

Nashville, TN

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Critical Access Hospital Accreditation Program

November 6, 2013

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin MD

Rebecca J. Patchin, MD
Chair, Board of Commissioners

Organization ID #7888

Print/Reprint Date: 02/10/2014

Mark R. Chassin

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





February 7, 2014

Heather Rohan, FACHE
President & CEO
TriStar Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203

Joint Commission ID #: 7888
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 02/06/2014

Dear Ms. Rohan:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning November 09, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit [Quality Check®](#) on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations



The Joint Commission

February 7, 2014

Re: # 7888

CCN: #440161

Program: Hospital

Accreditation Expiration Date: November 09, 2016

Heather Rohan
President & CEO
TriStar Centennial Medical Center
2300 Patterson Street
Nashville, Tennessee 37203

Dear Ms. Rohan:

This letter confirms that your November 04, 2013 - November 08, 2013 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 10, 2014 and February 03, 2014 and the successful on-site Medicare Deficiency Follow-up event conducted on December 17, 2013, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of November 09, 2013. We congratulate you on your effective resolution of these deficiencies.

§482.12 Governing Body
§482.41 Physical Environment
§482.42 Infection Control

The Joint Commission is also recommending your organization for continued Medicare certification effective November 09, 2013. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Parthenon Pavilion
2401 Parman Street, Nashville, TN, 37203

TriStar Centennial Medical Center
d/b/a Centennial Medical Center
2300 Patterson Street, Nashville, TN, 37203

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



TriStar ER Spring Hill
d/b/a TriStar ER Spring Hill
3001 Reserve Boulevard, Spring Hill, TN, 37174-2490

We direct your attention to some important Joint Commission policies. First, your Medicare report is publicly accessible as required by the Joint Commission's agreement with the Centers for Medicare and Medicaid Services. Second, Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 4 /Survey and Certification Staff

B.III.--Plot Plan

CENTENNIAL MEDICAL CENTER

2300 Patterson St.
Nashville, TN 37203



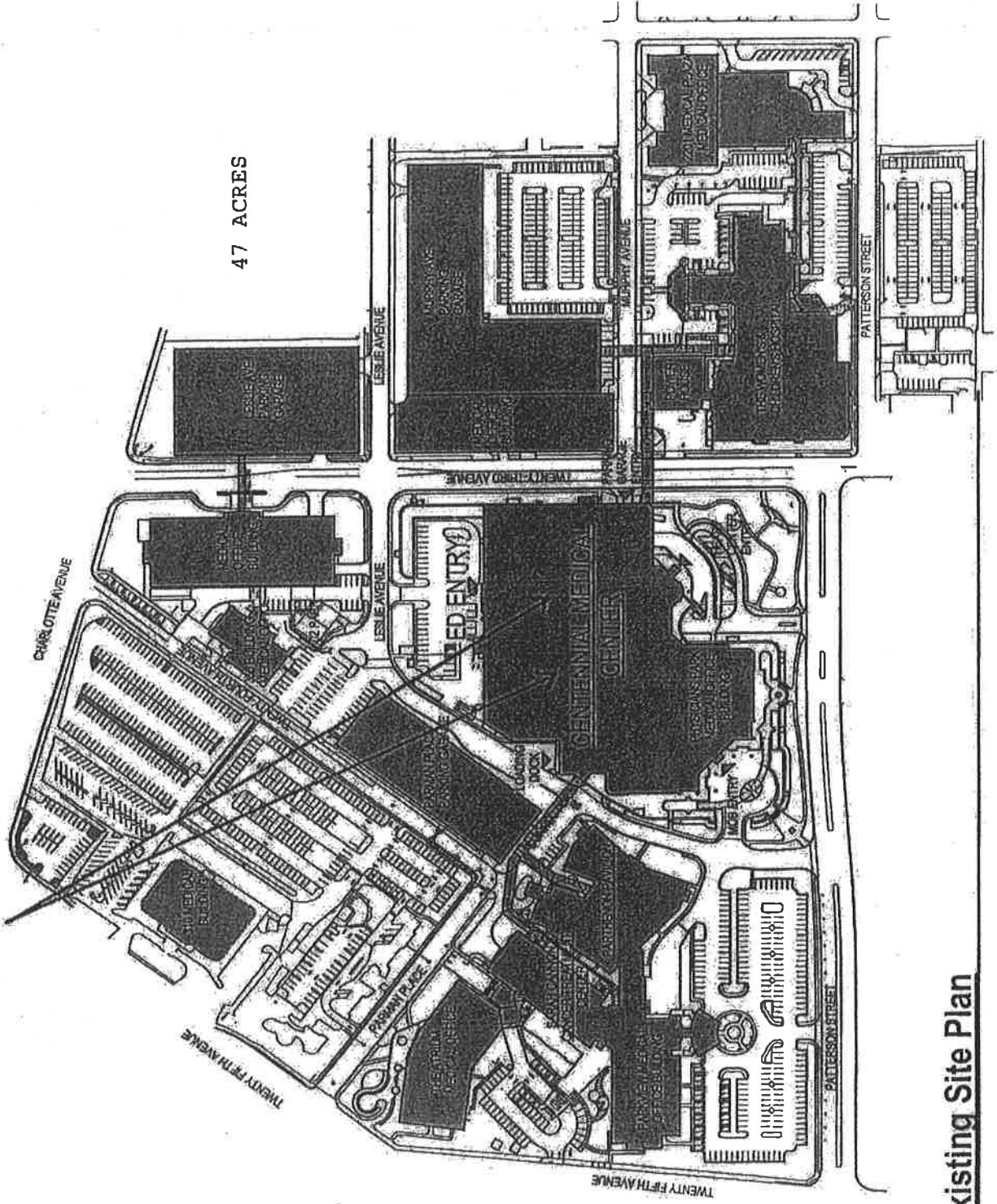
A0

EXISTING SITE PLAN

ESa

14048.01

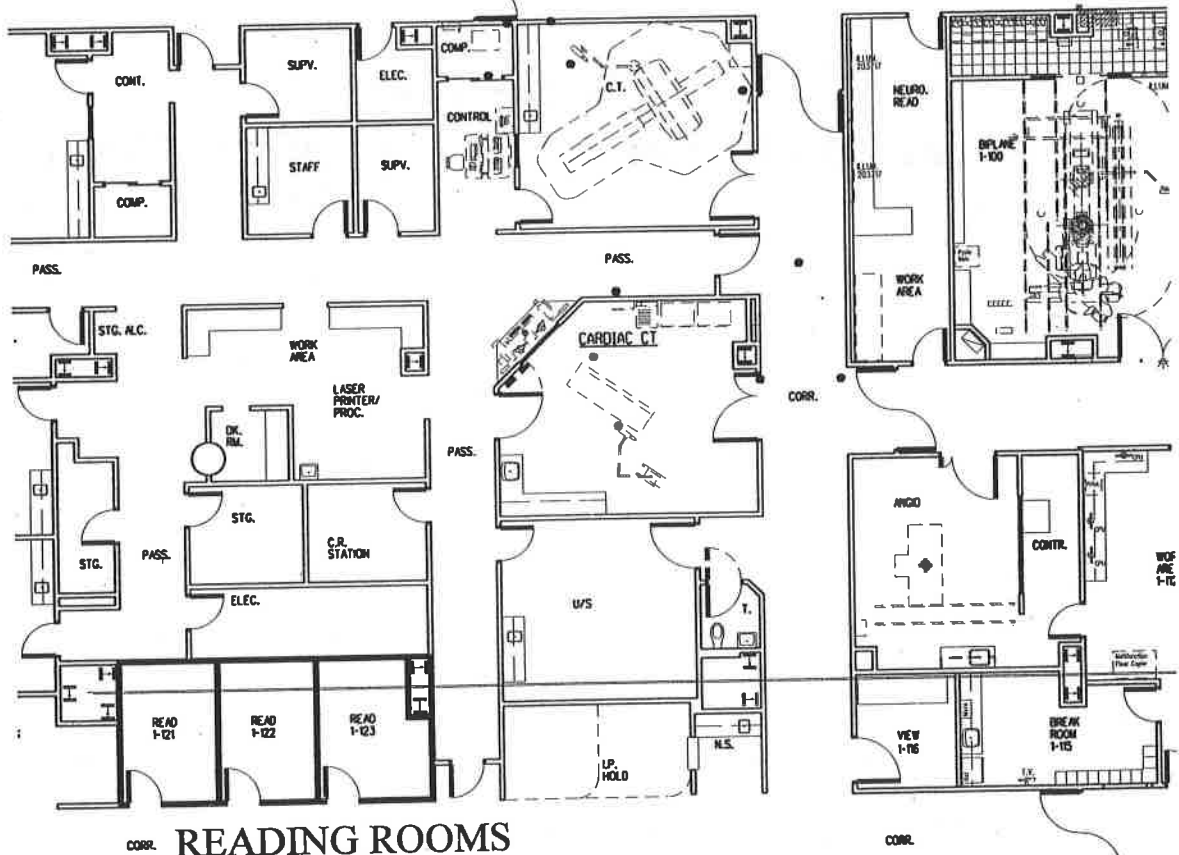
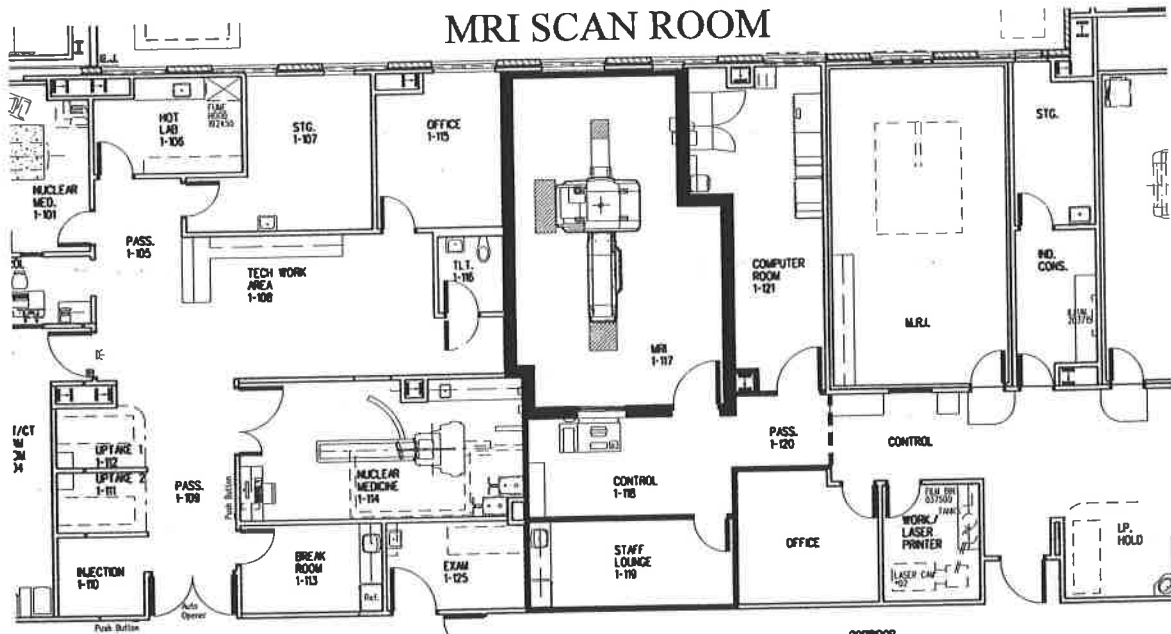
PROJECT



Existing Site Plan

B.IV.--Floor Plan

MRI SCAN ROOM



CORR. READING ROOMS

First Floor MRI Addition for
TriStar Centennial
 MEDICAL CENTER
 Nashville, Tennessee

C, Need--1.A
Documentation of Project-Specific Criteria



American College of Radiology

Magnetic Resonance Imaging Services of

Centennial Medical Center

**2300 Patterson Street
Medical Imaging Department
Nashville, Tennessee 37203**

were surveyed by the
Committee on MRI Accreditation of the
Commission on Quality and Safety

The following magnet was approved

General Electric 1.5 GE SIGNA LX 2005

For

Head, Spine, Body, MSK

Accredited from:

August 20, 2013 through May 21, 2016

A handwritten signature in dark ink, appearing to read "Anthony J. Sanders, M.D.", written over a horizontal line.

CHAIRMAN, COMMITTEE ON MRI ACCREDITATION

A handwritten signature in dark ink, appearing to read "Allen L. Blumberg, M.D.", written over a horizontal line.

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 52604-03



American College of Radiology

Magnetic Resonance Imaging Services of Centennial Medical Center

2300 Patterson Street
Medical Imaging Department
Nashville, Tennessee 37203

were surveyed by the
Committee on MRI Accreditation of the
Commission on Quality and Safety

The following magnet was approved

General Electric EXCITE 2005

For

Head, Spine, Body, MSK, MRA

Accredited from:

September 16, 2013 through May 21, 2016

A handwritten signature in black ink, reading "Anthony J. Sanders, M.D.", is positioned above the chairman's title.

CHAIRMAN, COMMITTEE ON MRI ACCREDITATION

A handwritten signature in black ink, reading "Allen L. Blumberg, M.D.", is positioned above the president's title.

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 52604-02



American College of Radiology

Magnetic Resonance Imaging Services of

Centennial Medical Center

**2300 Patterson St.
Medical Imaging Department
Nashville, Tennessee 37203**

were surveyed by the
Committee on MRI Accreditation of the
Commission on Quality and Safety

The following magnet was approved

Siemens ESPREE 2008

For

Head, Spine, Body, MSK, MRA, Cardiac

Accredited from:

May 21, 2013 through May 21, 2016

A handwritten signature in dark ink, appearing to read "Anthony J. Saulino, M.D.", is positioned above the title of the Chairman.

CHAIRMAN, COMMITTEE ON MRI ACCREDITATION

A handwritten signature in dark ink, appearing to read "James H. Hines, Jr.", is positioned above the title of the President.

PRESIDENT, AMERICAN COLLEGE OF RADIOLOGY

MRAP# 52604-01



American College of Radiology

Breast MR Imaging Services of

Centennial Medical Center

**2300 Patterson St.
Medical Imaging Department
Nashville, Tennessee 37203**

were surveyed by the
Committee on Breast MRI Accreditation of the
Commission on Quality and Safety

The following unit was approved
General Electric SIGNA EXCITE 1.5T 2005

Accredited from:
May 08, 2013 through May 08, 2016

Debra Montemurro, MD, FRCR

CO-CHAIR, COMMITTEE ON BREAST
MRI ACCREDITATION

RE Hendrick

CO-CHAIR, COMMITTEE ON BREAST
MRI ACCREDITATION

Jonathan

PRESIDENT, AMERICAN
COLLEGE OF RADIOLOGY

BMRAP# 50384-01

C, Need--1.A.3.e.
Qualifications
Facility Protocols and Procedures

POLICY TITLE: SAFETY ISSUES/MRI		
PAGE: 1 of 2	POLICY #: IMG MRI 019	ORIGINATION DATE: 2004
DEPARTMENT: Medical Imaging		APPLIES TO: All Campuses
DATES REVIEWED: 2007		
DATES REVISED: 1995; 1997; 2000; 2004; 2009; 2012		

PURPOSE:

To establish guidelines for safety in the Magnetic Resonance Imaging Department.

POLICY:

The Centennial Medical Center safety plan will be incorporated into the Department of Magnetic Resonance Imaging. In addition, specific points unique to MRI will be added.

PROCEDURE:

- A. Anyone entering the scan room/visitors will complete an MRI Safety screening questionnaire by the MRI Technologist prior to entering the scan room. The MRI Technologist will review the screening form for appropriateness.
1. If presence of ferrous objects in a patient (i.e., metal shavings) is questionable, the technologist will consult the radiologist for possible pre MRI radiographs/CT.
- B. Patients with cardiac pacemakers (unless MRI compatible and under cardiology supervision), neurostimulators, and some implanted devices are not allowed in the scan Room, with the exception of FDA approved MRI compatible Pace Makers.
- C. Medication pumps and monitoring equipment are not allowed in the scan room, unless they are "MRI compatible".
- D. No ferrous objects are allowed in the scan room.
- E. In case of a patient emergency, the patient will be removed from the scanner and brought out to the work area, adjacent to the scan room. No emergency associates and/or equipment will enter the scan room.
- F. The scan room door will be closed except for when entering/leaving with a patient.
- G. No CMC associate will enter the scan room, until they have been inserviced on MRI safety.
- H. Reference Manual: MR Safety, Implants and Devices 2012 - Author – Frank G Sherlock.
- I. Questionable implants, we reference manufacture manual with model # and serial #.
- J. No patient will be scanned unless proper documentation is referenced by manufacturer and/or MRI Safety Manual.

APPROVING COMMITTEES/DATES:
INTERNAL REFERENCES:
REGULATORY REFERENCES:

POLICY TITLE:	
PAGE:	POLICY #:

POLICY TITLE: (Code Blue)		
Respiratory and Cardiac Arrest for Adults and Pediatric Patients		
PAGE: 1 of 2	POLICY #: PC.114	APPLICABLE TO:
RESPONSIBLE DIRECTOR/DEPT: Administrative Director, Critical Care Services		<input type="checkbox"/> Department Specific for : _____ <input checked="" type="checkbox"/> All TriStar Centennial Medical Center campuses and TriStar Ashland City Medical Center <input type="checkbox"/> All TriStar CMC campuses (only) <input type="checkbox"/> TriStar Ashland City (only)
ORIGINATION DATE: 1992		
DATES REVIEWED (without change):		
DATES REVISED: 07/92; 10/92; 11/92; 03/93; 05/94; 6/94; 10/94; 09/95; 11/00; 06/01; 10/02; 03/09; 03/10; 9/13; 3/2014		

PURPOSE:

To define the tasks and responsibilities of the CODE BLUE team

POLICY:

A Code BLUE will be initiated on all persons experiencing a cardiac or respiratory arrest, unless there are written physicians orders for DNR (Do Not Resuscitate). Resuscitative efforts will be continued until a decision to stop has been made by the physician in charge. Designated ACLS/PALS (Advanced Cardiac Life Support/ Pediatric Advanced Life Support) trained personnel will respond to all code blues and will initiate/direct ACLS/PALS protocols.

The decision to stop the resuscitative efforts may be made when the physician believes that irreversible complications exist or when the patient has no cardiovascular response. The physician must document these decisions and any family discussions in the progress notes.

PROCEDURE (if applicable):**1. Code Blue Notification (always note if Adult or Pediatric)****A. Dial**

- i) CMC: Dial 6911 and give location.
- ii) CMC- Ancillary Diagnostic-Interventional-Procedural buildings: call 342-6911 and give location.
- iii) CMC- Ashland City: dial "0" and give location.
- iv) CMC-Spring Hill: Activate Code Blue button .

B. Immediately begin CPR until Code Team arrives.**C. The operator will page "Code Blue" (adult) or "Code Blue PALS" (pediatric)" a total of 3 times. Code Blue Team members will also be paged on their beepers. CMC, Spring Hill - ED Receptionist will announce over call system within department.****D.****2. Response Areas**

Team members will respond to Code Blue within the Centennial Medical Center complex, including patient emergencies in the garage and properties of the Medical Center. Basic life support measures will be initiated. The nursing supervisors will arrange for immediate transfer to the Emergency Department as indicated.

3. Team Members**A. ACLS Trained personnel**

- i) Critical Care Nurse
 - (a) Brings portable Capnography and RSI Kit to Code Blue Event
 - (b) Thorough documentation and completion of Code Blue Record
- ii) MSICU Nurse:
 - (a) Brings EZ IO to Code Blue Event
 - (b) Thorough documentation and completion of Code Blue Record
- iii) Intensivist/Available Physicians
 - (a) Leads resuscitation efforts
 - (b) Provides and orders medical support

POLICY TITLE: Respiratory and Cardiac Arrest for Adults and Pediatric Patients	
PAGE: 2 of 2	POLICY#: PC.114

- (c) Signs off Code Blue Record following event
- B. CMC Ashland City and Spring Hill: ED physician and ED nurse.
- C. Respiratory Therapy (not applicable at Tristar Ashland City and Spring Hill) (in addition to ACLS protocols):
 - i) Establishes and maintains a patent airway, or assists physician as necessary.
 - ii) Draws ABGs.
 - iii) Assists with transport, respiratory needs upon transfer
 - iv) Replaces RT code box, responsible for video laryngoscope supply replacement
 - v) Completes charges for the Code Blue
 - vi) Available for other duties as assigned by Code Blue Team.
- D. Primary Care Nurse
 - i) Assures cardiopulmonary resuscitation is carried out until code team arrives.
 - ii) Provides pertinent patient information, including chart, MAR etc.
 - iii) Remains in the room and assists with patient transfers.
 - iv) Available for other duties as assigned by Code Blue Team.
- E. Charge Nurse or Designee
 - i) Assures Crash Cart at site, hands free defibrillator pads applied to patient
 - ii) Assigns and supports Code Team roles
 - iii) Communicates with patient's Primary Physician
 - iv) Family Navigator
 - v) Available for other duties as assigned by Code Blue Team.
- F. Administrative House Supervisor:
 - i) Manages staff/traffic as indicated; crowd control
 - ii) Arranges patient disposition/transfer following the Code.
- G. Associate Members:
 - i) Lab and EKG
- H. Pharmacist (available 6:30 am to 8:00 pm Monday through Friday) (not applicable to TriStar Ashland City and Spring Hill)
- I.)
 - i) Facilitates medication dispensing
 - ii) Mixes medications when needed
 - iii) Contacts Pharmacy for additional resources as needed
- J. Rapid Response Nurse (not applicable to Spring Hill)
 - i) Brings iStat to Code Blue Event (Spring Hill – iStat is readily available at all times on unit, responsibility not assigned
 - ii)
 - iii) Assists with an ACLS task assigned
- K. Security
 - i) Crowd control as necessary

PEDIATRIC CODES:

1. **Notification (see adult)**
2. **Response Areas:** Pediatric Code Team members will respond to Pediatric Code Blue within the Centennial Medical Center complex including pediatric patient emergencies in the garage and properties of the Medical Center.
3. **Team Members**
 - A. Pediatric Advance Life Support (PALS) trained Pediatric Intensivist will respond to all pediatric codes and will be responsible for implementing/directing PALS protocols.
 - B. In addition, a PALS trained Pediatric Intensive Care nurse, a pediatric respiratory therapist, Women's House Supervisor, Pediatric Anesthesia and associate members when available from Pharmacy, Lab, and Radiology.
4. **Neonatal Intensive Care unit emergencies (Women's Hospital only)** are managed internally. (See policy entitled "High Risk Delivery Team" for neonatal codes.)

APPROVING COMMITTEES/DATES: Standards Committee 03/2010, 04/2012; Policy Review Committee, 10/2013; Medical Executive Committee, 10/2013

REGULATORY REFERENCES:

POLICY TITLE: Respiratory and Cardiac Arrest for Adults and Pediatric Patients**PAGE: 2 of 2****POLICY#: PC.114**

TriStar Centennial
MEDICAL CENTER

POLICY TITLE: INITIATING A CODE IN THE MRI DEPARTMENT		
PAGE: 1 of 1	POLICY #: IMG MRI 009	ORIGINATION DATE: 2004
DEPARTMENT: Medical Imaging		APPLIES TO: All Campuses
DATES REVIEWED: 2004; 2007; 2012		
DATES REVISED: 2010		

PURPOSE:

To establish guidelines in initiating and managing a "Code Blue" in the MRI department.

POLICY:

Due to the strength of the high magnetic field surrounding the MRI units, resuscitation equipment cannot be used in or around the magnet.

PROCEDURE:

In the event that a code situation occurs in the MRI unit that Technologist will push the code button and call 6911 for a code "BLUE" response team.

Procedure:

- A. The MRI Technologist will push the code button and call 6911 for a code "Blue" response team. The Technologist will then move the patient outside the magnet room and begin to administer CPR until the code response team arrives. The door to the scan room must be closed before the code response team arrives to ensure safety from the magnetic field.
- B. If two Technologist are present a page within Medical Imaging (#77#) should also be placed, stating a Radiologist and nurse are needed in MRI "STAT"

APPROVING COMMITTEES/DATES:

INTERNAL REFERENCES:

REGULATORY REFERENCES:

Radiology Alliance MRI Readers

Last Name	First Name	Degree	Specialty	Board Certification
Bacon	W. Russell	MD	Radiology	<u>American Board of Radiology</u>
Baker	Jack R.	MD	Radiology	<u>American Board of Radiology</u>
Berger	Brian L.	MD	Radiology	<u>American Board of Radiology</u>
Berger	Kurt V.	MD	Radiology	<u>American Board of Radiology</u>
Boorgu	Kartik	MD	Radiology	<u>American Board of Radiology</u>
Brien	P. Livingston	MD	Radiology	<u>American Board of Radiology</u>
Burmer	Kevin L.	MD	Radiology	<u>American Board of Radiology</u>
Freeman	Mark P.	MD	Radiology	<u>American Board of Radiology</u>
Gray	Scott D.	MD	Radiology	<u>American Board of Radiology</u>
Griffin	Benjamin D.	MD	Radiology	<u>American Board of Radiology</u>
Hawkins	Kenneth E.	MD	Radiology	<u>American Board of Radiology</u>
Horn	Alan W.	MD	Radiology	<u>American Board of Radiology</u>
Hutson	R. Kent	MD	Radiology	<u>American Board of Radiology</u>
Klein	William J.	MD	Radiology	<u>American Board of Radiology</u>
Lassiter	Gregory L.	MD	Radiology	<u>American Board of Radiology</u>
Luschen	Michelle C.	MD	Radiology	<u>American Board of Radiology</u>
Massie	James D.	MD	Radiology	<u>American Board of Radiology</u>
Meyerowitz	Colin B.	MD	Radiology	<u>American Board of Radiology</u>
Ng	Christopher C.	MD	Radiology	<u>American Board of Radiology</u>
Rogers, Jr.	Lee H.	MD	Radiology	<u>American Board of Radiology</u>
Rowe	David M	MD	Radiology	<u>American Board of Radiology</u>
Shipman	Jason L.	MD	Radiology	<u>American Board of Radiology</u>
Smith	Gregory D.	MD	Radiology	<u>American Board of Radiology</u>
Stafford	James M.	MD	Radiology	<u>American Board of Radiology</u>
Stallworth	Robert J.	MD	Radiology	<u>American Board of Radiology</u>
Tishler	Steven D.	MD	Radiology	<u>American Board of Radiology</u>
Waters	Ronald D.	MD	Radiology	<u>American Board of Radiology</u>
Wojcicki	Walter E.	MD	Radiology	<u>American Board of Radiology</u>
Young	R. Steven	MD	Radiology	<u>American Board of Radiology</u>

Revised 01/28/16

Cardiologist MRI Readers (Cardiac MRI only)

Last Name	First Name	Degree	Specialty	Board Certification
Huneycutt	David	MD	Cardiology	<u>American Board of Internal Medicine</u>
Patel	Pareg	MD	Card	<u>American Board of Internal Medicine</u>

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicians in Medicine*
Hereby certifies that

William Russell Bacon, M.D.

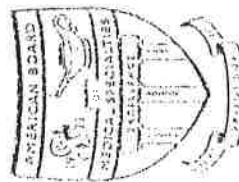
*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
The American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in the specialty of*

Diagnostic Radiology

July 01, 2011

*This diplomate of the American Board of Radiology
is now permitted to use the **ABR** mark to signify this certification.*

ABR



Eric J. Hottel
President

Richard A. Monn
Secretary-Treasurer

Hayden B. Smith
Executive Director

Certificate No. 59846

Valid through 2021

The American Board of Radiology

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 the American Radium Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology,
 and the Association of University Radiologists
Thereby certifies that

Jack Richard Baker, M.D.

*Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications, and
 has passed the examinations conducted under the authority of
 The American Board of Radiology*

On this eighth day of June, 1939

*Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of*

Diagnostic Radiology

Robert C. Parrish
 President

W. H. L. ...
 Secretary



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 the American Roentgen Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology,
 and the Association of University Radiologists
 Nowly certifies that

Brian L. Berger, M.D.

Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

On this seventh day of June, 1990

That, in accordance to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology

Robert C. Pearson
 President

Frank P. Johnson
 Secretary



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the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology,
and the Association of University Radiologists*

Hereby certifies that

Kurt Vincent Berger, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this twelfth day of December, 1988

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

The American Board of Radiology

Organized through the cooperation of the
 American College of Radiology, the American Roentgen Ray Society,
 the American Radium Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicians in Medicine
 Thereby certifies that

Kartik Goergu, MD

Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

On this sixth day of November, 2000

Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology



Certificate No. 48372

R.P. Harte, MD
 President

Henry A. Blah, MD
 Secretary-Treasurer

M. J. P. P., MD
 Executive Director



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 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

Patrick Livingston Brien, M.D.

Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

On this nineteenth day of May, 1934

Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology

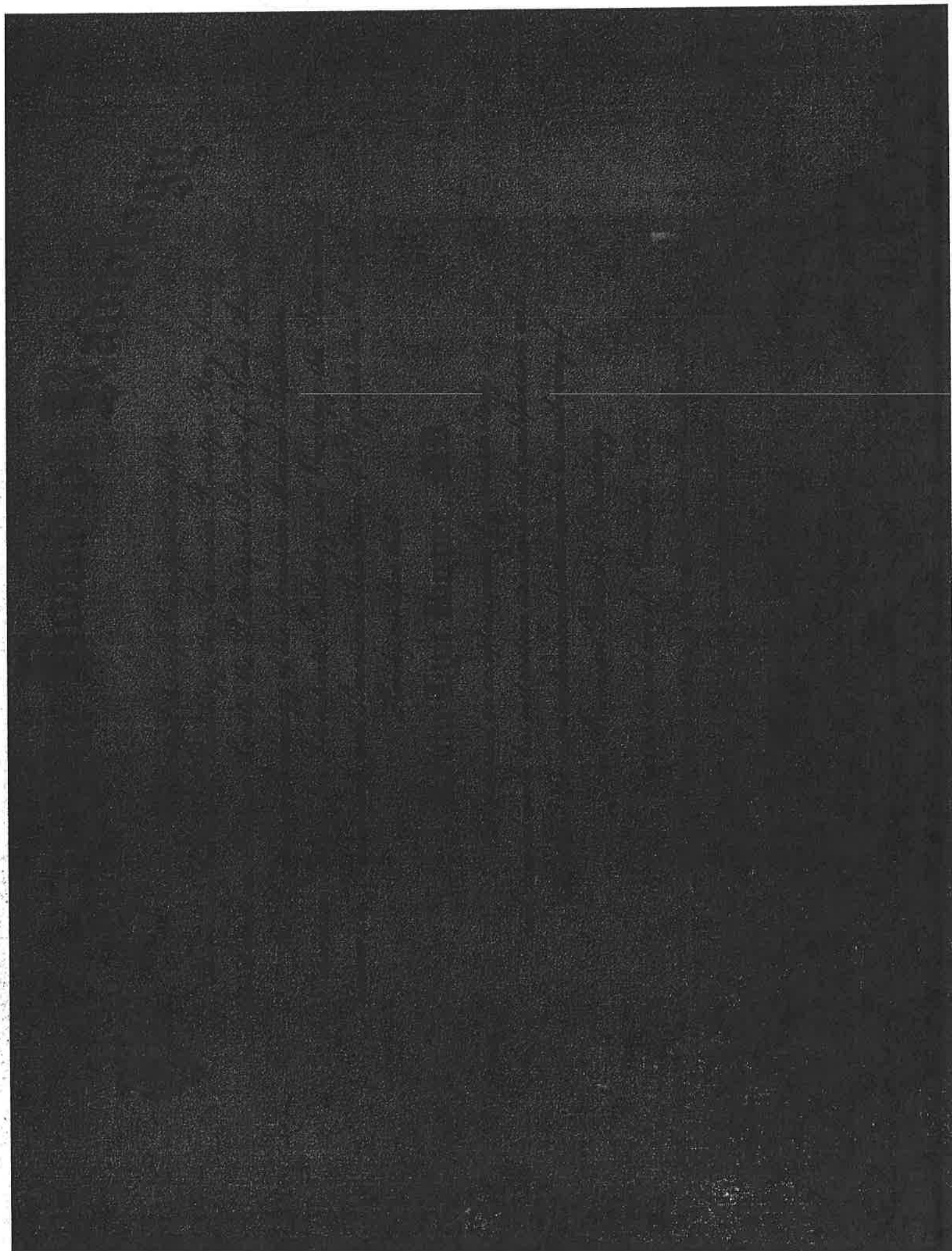


William J. Smith
 President

Secretary

W. Paul Clegg, M.D.
 Executive Director





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American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists
Hereby certifies that:*

Mark Pearce Freeman, M.D.

*Has passed an accepted course of graduate study
and clinical work has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this sixth day of June, 1986

*Merely demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Given at New York, N.Y.

John H. R. [Signature]

The American Board of Radiology

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 the American Roentgen Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicists in Medicine
Thereby certifies that

Scott A. Gray, M.D.

*Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of*

The American Board of Radiology

On the twelfth day of June, 1998

*Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of*

Diagnostic Radiology



James J. Anderson, M.D., President Paul R. Anderson, M.D., Secretary H. Paul Carr, M.D., Treasurer

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the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Benjamin David Griffin, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this sixth day of June, 2007

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

AM Eligible



Raymond W. ...
President

L.H. Eiden
Secretary-Treasurer

R.P. Heston
Executive Director



Certificate No. 53692

Valid through 2017

The American Board of Radiology

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It is worthy to note that

Kenneth Ernest Hawkins, M.D.

Has pursued an accepted course of graduate study and clinical work, has met certain standards and qualifications and has passed the examinations conducted under the authority of

The American Board of Radiology

On this eleventh day of June, 1937

Thereby demonstrating to the satisfaction of the Board that he is qualified to practice the specialty of

Diagnostic Radiology

Witness my hand and seal this eleventh day of June, 1937.

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Pediatric Society, the Radiological Society of North America,
the Pediatric Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology
the American Board of Radiology declares that*

Alan Wade Hoen, MD

*has fulfilled the requirements of this Board's Maintenance of Certification
Program and is entitled to a diploma of the American Board of Radiology as*

Diagnostic Radiologist

DATE



The American Board of Radiology

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American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicians in Medicine*

Hereby certifies that

Rodney Kent Hutson, Jr., M.D.

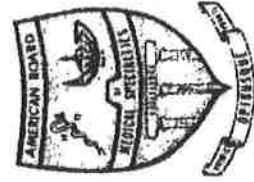
*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this third day of November, 1937

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



W. S. H. Hutson, M.D., President
R. P. H. Hutson, M.D., Secretary
M. V. C. P., M.D., Executive Director

Certificate No. 42380

The American Board of Radiology

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the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicians in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology declares that*

Rodney Kent Hutson, Jr., MD

*has fulfilled the requirements of this Board's Maintenance of Certification
Program and is certified as a diplomate of the American Board of Radiology in*

Neuroradiology

a Subspecialty of

Diagnostic Radiology

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology
is permitted to use the ABAR mark to signify this certification.*

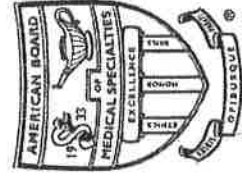


William J. D'Arco, MD
President

C. P. Evans
Secretary-Treasurer

William J. Hutson
Executive Director

ABAR



Certificate No. 42380

Effective: December 31, 2014

The American Board of Radiology

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the Federation of Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology declares that*

William Jeffrey Klein, MD

*has fulfilled the requirements of this Board's Maintenance of Certification
Program and is certified as a diplomate of the American Board of Radiology in*

Diagnostic Radiology

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology
is permitted to use the ABR mark to signify this certification.*



William J. Klein, MD
President

C. R. ...
Secretary-Treasurer

Valerie J. ...
Executive Director

ABR



Effective: December 31, 2014

Certificate No. 49787

The American Board of Radiology

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the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*
Hereby certifies that

Gregory Lawrence Lassiter, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

*On this nineteenth day of May, 1939
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Certificate No. 45791

Walter J. Smith
President

Walter J. Smith
Secretary-Treasurer

M. Paul Cyp. M.D.
Executive Director



The American Board of Radiology

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 American College of Radiology, the American Roentgen Ray Society,
 the American Pediatric Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicians in Medicine
 Hereto certify that

Michelle Gere Campbell, MD

Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of
 The American Board of Radiology

On the third day of June, 1952

Hereto recommending to the satisfaction of the Board
 that she is qualified to practice the specialty of

Diagnostic Radiology



John J. Anderson, MD
 President

P. P. Hays, MD
 Secretary

W. F. O'Connor, MD
 Treasurer

Certificate No. 42762

The American Board of Radiology

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 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicians in Medicine

Hereby certifies that

James Daniel Manzie, M.D.

Has passed an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

On this eighth day of June, 2005

Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology

Allen A. Seidel, M.D. *Michael T. Boyce, M.D.* *R.P. Hoot*
 President Secretary-Ex Officio President



Certificate No. 51793



Valid through 2015

The American Board of Radiology

Organized through the cooperation of the
 American College of Radiology, the American Roentgen Ray Society,
 the American Radium Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and American Association of Physicists in Medicine

Hereby certifies that

Colin B. Meperowitz, M.B., B.Ch.

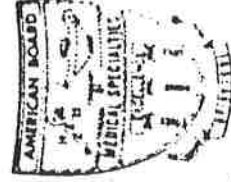
Has pursued an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of

The American Board of Radiology

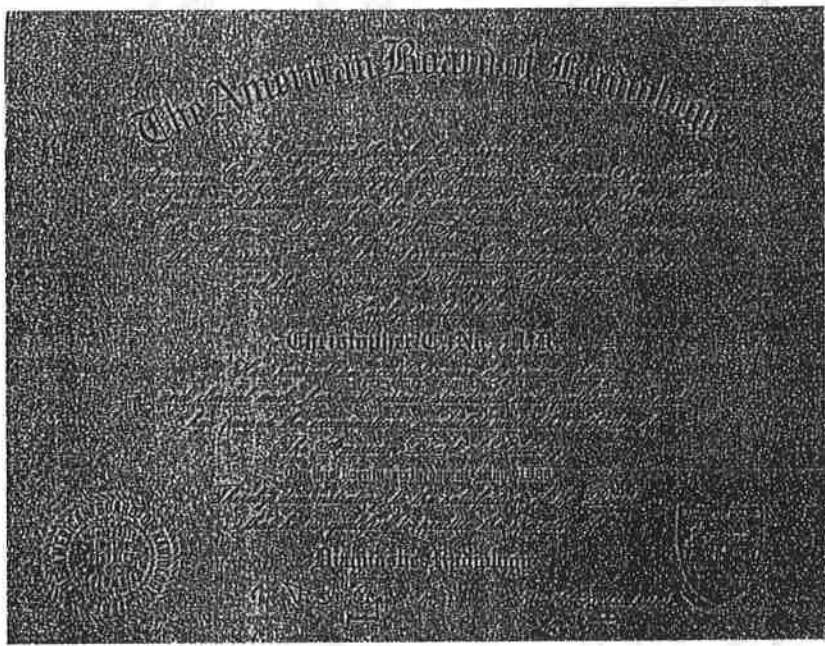
On this eleventh day of June, 1937

Thereby demonstrating to the satisfaction of the Board
 that he is qualified to practice the specialty of

Diagnostic Radiology



James S. Lawrence, M.D. Robert R. Hargraves, M.D. Earl Cogg, M.D.
 President Secretary Executive Director



The American Board of Radiology

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the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Lee Hartwell Rogers, Jr., M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this sixth day of June, 2007

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

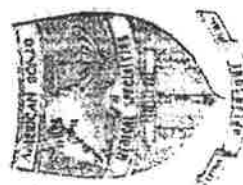
AM Eligible



Raymond M. ...
President

L.H. Eichen
Secretary-Treasurer

R.R. Hooten
Executive Director



Certificate No. 5-1505

Valid through 2017

The American Board of Radiology

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 American College of Radiology, the American Roentgen Ray Society,
 the American Roentgen Society, the Radiological Society of North America,
 the Union on Radiology of the American Medical Association
 and the American Society of Therapeutic Radiologists
 It hereby certifies that

David Michael Rouse, M.D.

Has pursued an arduous course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of
 The American Board of Radiology

On this sixth day of June, 1905
 Having demonstrated to the satisfaction of the Board
 that he is qualified to practice the specialty of
Diagnostic Radiology

Resident in Radiology, 1905

David M. Rouse, M.D.

Chairman

The American Board of Radiology

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the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicians in Medicine*

Hereby certifies that

Jason Lee Shipman, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this third day of June, 2009

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

AM Eligible

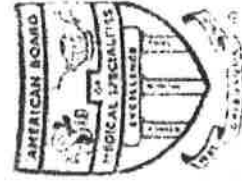


Ray P. Shipman
President

W. Reed Sperry, MD
Secretary

Richard I. Mann
Secretary

Certificate No. 56558



Valid through 2019

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology,
and the Association of University Radiologists*

Hereby certifies that

Gregory Dean Smith, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eighth day of June, 1989

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

Robert G. Parner
President

Tom M. L. Fiedler
Secretary



The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

James Marshall Stafford, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this eighth day of June, 2005

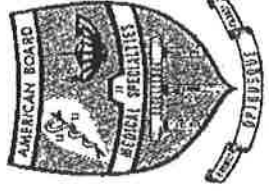
*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



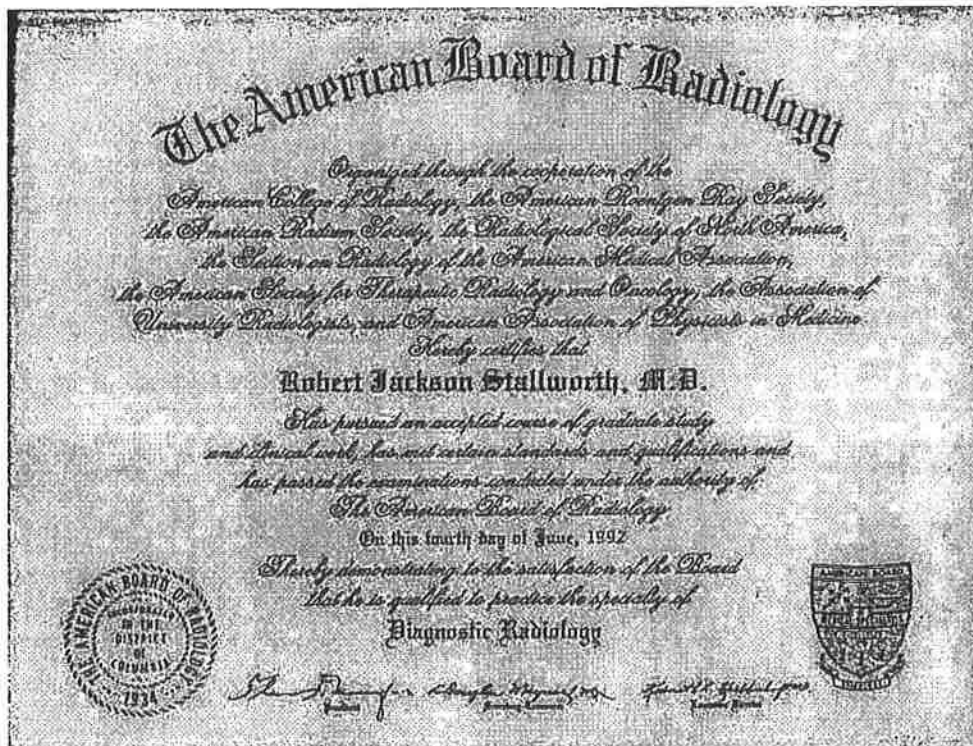
Steven A. Leibel, M.D.
President
Michael V. Hoppe, MD
Secretary-Treasurer

R.P. Hatten
Executive Director



Certificate No. 51475

Valid through 2015



The American Board of Radiology

Organized through the cooperation of the
 American College of Radiology, the American Roentgen Ray Society,
 the American Quadrum Society, the Radiological Society of North America,
 the Section on Radiology of the American Medical Association,
 the American Society for Therapeutic Radiology and Oncology, the Association of
 University Radiologists, and the American Association of Physicists in Medicine.
 Merely certifies that

Steven David Dighler

Has passed an accepted course of graduate study
 and clinical work, has met certain standards and qualifications and
 has passed the examinations conducted under the authority of
 The American Board of Radiology.

On the eighth day of November, 1993

Merely demonstrating to the satisfaction of the Board,
 that he is qualified to practice the specialty of

Diagnostic Radiology

Lea F. Rogers *Lee J. Pe...* *W. Paul Carr, M.D.*

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of University Radiologists,
the American Association of Physicists in Medicine, and the Society of Interventional Radiology,
the American Board of Radiology declares that*

Ronald Douglas Waters Jr., MD

*has fulfilled the requirements of this Board's Maintenance of Certification
Program and is certified as a diplomate of the American Board of Radiology in*

Diagnostic Radiology

*Ongoing validity of this certificate is contingent upon
meeting the requirements of Maintenance of Certification.*

*This diplomate of the American Board of Radiology
is permitted to use the **ABR** mark to signify this certification.*



Certificate No. 50757

William J. Diller, MD
President

S. R. Rasmussen
Secretary-Treasurer

William J. Johnson, MD
Executive Director



Effective: August 5, 2014

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Walter Edward Wojcicki, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this nineteenth day of May, 1934

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Certificate No. 46355

W. J. Smith

W. J. Smith

W. J. Smith



The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Radiation Oncology, the Association of
University Radiologists, and the American Association of Physicians in Medicine*

Hereby certifies that

Robert Steven Young, MD

*Has pursued an accepted course of graduate study and clinical work; has met certain standards
and qualifications, including passing the examinations conducted under the authority of
The American Board of Radiology, demonstrating to the satisfaction of the Board qualification
to practice; and is therefore awarded the Board's certification in the specialty of*

Diagnostic Radiology

ABR Eligible

July 01, 2011



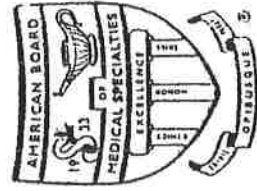
*This diplomate of the American Board of Radiology
is now permitted to use the ABR mark to signify this certification.*

Paul J. Harty
President

Richard L. Monn
Secretary-Treasurer

Hayden R. Smith
Executive Director

ABR



Certificate No. 59597

Valid through 2021

ABMS® Board Certification Credentials Profile*A service provided by the American Board of Medical Specialties***New Search | Search Results | Feedback | Save Physician | Print****David Carl Huneycutt Jr (ABMSUID - 786665)**

Viewed:3/23/2015 11:17:50 AM CST

DOB: 09/13/1974

Status: Alive

Certification**American Board of Internal Medicine****Internal Medicine - General****Status: Certified****Reverification Date**Active  MOC

Recertification

01/12/2015 -

04/01/2016

Expired Time-Limited

Initial Certification

08/24/2004 - 12/31/2014

Cardiovascular Disease - Subspecialty**Status: Certified****Reverification Date**

Active Time-Limited

Initial Certification

11/07/2008 - 12/31/2018

The American Board of Internal Medicine (ABIM) has implemented certification standards which specify that board certification is contingent upon meeting the ongoing requirements of Maintenance of Certification (MOC). Accordingly, as of January 01, 2014, ABIM no longer issues certificates with specific end dates to certification. Annual primary source verification on or immediately after the reverification date shown above is necessary to accurately determine a diplomate's current certification status. More information is available at www.abim.org.

**Meeting Maintenance of Certification (MOC) Requirements****American Board of Internal Medicine ([Learn more about Meeting Board's MOC Requirements](#))****Meeting Maintenance of Certification Requirements** Yes**Education**

2001 MD (Doctor of Medicine)

Location

Private

**Notice:** It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.



American Board
of Internal Medicine®

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[Maintaining
Certification \(MOC\)](#)
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Parag R. Patel

Today's Date: Feb 9, 2016

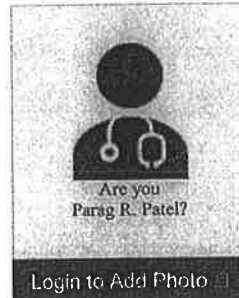
CURRENT CERTIFICATION STATUS:

Cardiovascular Disease: **Certified**
Internal Medicine: **Certified**

Participating in Maintenance of Certification:
Yes

INITIAL CERTIFICATIONS:

Internal Medicine: 2009
Cardiovascular Disease: 2013



Check a Doctor's Certification

☐ Name:

Last (required)

First

M.I.

Date of Birth:

MM/DD/YYYY

☐ ABIM ID. No.:

☐ NPI No.:

GO

Important information regarding the physician verification tool:

- Most diplomates certified prior to 1990 are not required to participate in MOC but are strongly encouraged to do so.
- All ABIM certifications issued in 1990 (1987 for critical care medicine and 1988 for geriatric medicine) and thereafter must be maintained through ABIM's MOC program.
- ABIM's website serves as primary source verification.
- Diplomates are publicly reported as participating in MOC for all certifications as long as they are participating in MOC for one certification area.
- Certification status is updated to this system within 5 days of notification to the physicians. Data elements, such as name changes, are updated in ABIM's records within 24 hours of being processed by ABIM.
- If you do not find your physician or they are listed as not certified, they may be certified by another board of the American Board of Medical Specialties. Please check www.certificationmatters.org. Additionally, information on Allergy and Immunology, Clinical Laboratory Immunology and Diagnostic Laboratory Immunology diplomates can be now found at www.certificationmatters.org.

For more information about ABIM certification and MOC, go to:

- ☐ MOC Requirements
- ☐ Annual Reverification Data - April 1st
- ☐ Reporting Certification Status
- ☐ Board Eligibility
- ☐ Representation of Board Certification and Board Eligibility Status



ABMS® Board Certification Credentials Profile*A service provided by the American Board of Medical Specialties***New Search | Search Results | Feedback | Save Physician | Print**

To become Board Certified, a physician must achieve expertise in a medical specialty or subspecialty that meets the profession-driven standards and requirements of one (or more) of the 24 ABMS certifying boards. To maintain Board Certification, the certifying boards may require physicians, depending on their date of initial certification, to participate in on-going programs of continuing learning and assessment (Maintenance of Certification) designed to help them remain current in an increasingly complex practice environment.

Parag R. Patel (ABMSUID - 903085)

Viewed:2/9/2016 9:23:49 AM CST

DOB: 05/16/1979**Education:** 2006 MD (Doctor of Medicine)**Address:** 2400 Patterson St Ste 502
Nashville, TN 37203-6511 (United States)**Certification:**American Board
of Internal Medicine**American Board of Internal Medicine****Internal Medicine - General****Status: Certified**

Status	Duration	Occurrence	Start Date - End Date
Active	Time-Limited	Initial Certification	08/20/2009 - 12/31/2019

Cardiovascular Disease - Subspecialty**Status: Not Certified**

Status	Duration	Occurrence	Start Date - End Date
Expired	► MOC	Initial Certification	11/06/2013 - 03/31/2015

✱ **Participating in Maintenance of Certification (MOC) - Yes**

Learn more about Internal Medicine MOC program

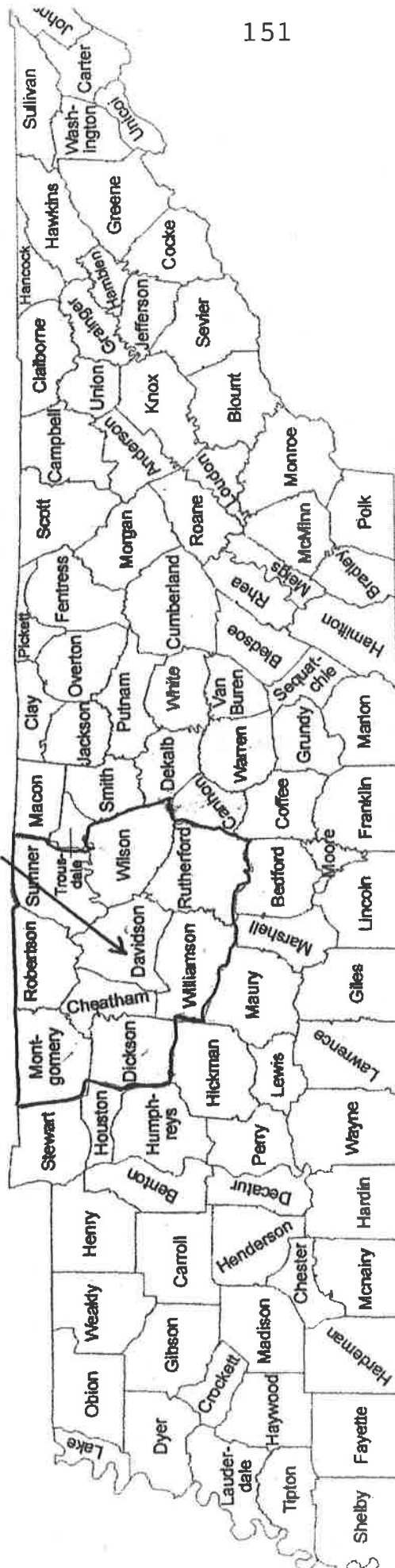
ETHICS • HONOR • SKILL

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

With the exception of our Medical Specialists Online (MSO) product, all information as presented by ABMS Solutions products are approved for business use and are considered Primary Source Verified (PSV) and meet the primary source verification requirements as set by The Joint Commission, NCQA, URAC and other key accrediting agencies.

C, Need--3 Service Area Maps

PRIMARY SERVICE AREA



C, Economic Feasibility--1
Documentation of Construction Cost Estimate

C. ROSS ARCHITECTURE L.L.C.

February 5, 2016

**Subject: Verification of Construction Cost Estimate
 TriStar Centennial Medical Center
 First Floor MRI Renovation
 Dickson, Tennessee**

To Whom It May Concern:

C. Ross Architect L.L.C., an architectural firm in Nashville, Tennessee, has reviewed the construction cost data for the above referenced project. The stated construction cost for this renovation is approximately \$542,000.00. (In providing opinions of probable construction cost, the Client understands that the Consultant has no control over the cost or availability of labor, equipment or materials, or over market conditions, or the Contractor's method of pricing, or the Code Reviewer's interpretation at a later date of the requirements for the project, and that the Consultant's opinion of probable construction costs are made on the basis of the Consultant's professional judgment and experience. The Consultant makes no warranty, expressed or implied, that the bids or the negotiated cost of the work will not vary from the Consultants opinion or probable construction cost.)

It is our opinion at this time the projected construction cost is reasonable for this type and size of project and compares appropriately with similar projects in this market. However, it should be noted that the construction costs re increasing rapidly due to economic factors beyond Contractor's controls.

The building codes applicable to this project will be:

State:

1. 2010 Guidelines for Design and Construction of Hospitals and Health Care Facilities
2. 2012 International Building Code
3. 2012 International Mechanical Code
4. 2012 International Plumbing Code
5. 2012 International Fuel and Gas Code
6. 2011 National Electric Code
7. 2012 NFPA 101 Life Safety Code
8. 1999 North Carolina Handicap Accessibility Code with 2004 Amendments
9. 2012 U S Public health Code

Federal:

1. The Americans with Disabilities Act (ADA), Accessibility Guidelines for Buildings and Facilities – 2010 Edition

Sincerely,

C. ROSS ARCHITECTURE, L.L.C.



R. Christopher Ross, III, AIA

3807 Charlotte Avenue ▼ Nashville, Tennessee 37209

Phone: 615.385.1942 ▲ Fax: 615.385.1943 ▲ Mobile: 615.430.4072 ▲ Email: rossarch@comcast.net

C, Economic Feasibility--2

Documentation of Availability of Funding

TriStar Centennial
MEDICAL CENTER

TriStarHealth.com

2300 Patterson Street
Nashville, TN 37203
(615) 342-1000

February 8, 2016

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, Suite 850
500 Deaderick Street
Nashville, Tennessee 37243

RE: CON Application for Addition of MRI Capacity
TriStar Centennial Medical Center

Dear Mrs. Hill:

TriStar Centennial Medical Center is applying for a Certificate of Need to acquire a fourth MRI for its Imaging Department.

As Chief Financial Officer of the hospital, I am writing to confirm that Centennial will fund the approximately \$2,483,000 capital cost required to implement this project. The hospital's financial statements and those of HCA, Inc.'s are provided in the application.

Sincerely,



Joe Bowman
Chief Financial Officer

C, Economic Feasibility--10

Financial Statements

Financial Statements - Balance Sheet

All Entities

Month			Year to Date		
Begin	Change	Ending	Begin	Change	Ending
			CURRENT ASSETS		
21,756	149,754	171,510	Cash & Cash Equivalents	-1,365,369	1,536,879
			Marketable Securities		171,510
			PATIENT ACCOUNTS RECEIVABLES		
134,735,720	-4,138,323	130,597,397	Patient Receivables	125,628,870	4,968,527
			Less Allow for Govt Receivables		130,597,397
-41,232,437	365,496	-40,866,941	Less Allow - Bad Debt	-41,612,543	745,602
93,503,283	-3,772,827	89,730,456	Net Patient Receivables	84,016,327	5,714,129
			FINAL SETTLEMENTS		
154,829	-402,204	-247,375	Due to/from Govt Programs	268,973	-516,348
			Allowances Due Govt Programs		-247,375
154,829	-402,204	-247,375	Net Final Settlements	268,973	-516,348
93,658,112	-4,175,031	89,483,081	Net Accounts Receivables	84,285,300	5,197,781
19,568,873	-146,207	19,422,666	Inventories	18,280,528	1,142,138
1,256,108	-125,607	1,130,501	Prepaid Expenses	6,133,853	-5,003,352
90,285	23,378	113,663	Other Receivables	139,746	-26,083
114,595,134	-4,273,713	110,321,421	Total Current Assets	107,474,058	2,847,363
			PROPERTY, PLANT & EQUIPMENT		
32,041,826	0	32,041,826	Land	32,041,826	0
216,703,466	3,578,891	220,282,357	Bldgs & Improvements	215,598,716	4,683,641
295,891,130	-7,733,027	288,158,103	Equipment - Owned	280,808,856	7,349,247
9,745,467	925,905	10,671,372	Equipment - Capital Leases	10,273,843	397,529
12,162,780	-4,031,725	8,131,055	Construction In Progress	11,181,514	-3,050,459
566,544,669	-7,259,956	559,284,713	Gross PP&E	549,904,755	9,379,958
-348,157,113	6,559,732	-341,597,381	Less Accumulated Depreciation	-319,877,938	-21,719,443
218,387,556	-700,224	217,687,332	Net PP&E	230,026,817	-12,339,485
			OTHER ASSETS		
			Investments		
19,500	0	19,500	Notes Receivable	20,100	-600
45,813,544	0	45,813,544	Intangible Assets - Net	45,813,544	0
			Investments in Subsidiaries		45,813,544
			Other Assets		
45,833,044	0	45,833,044	Total Other Assets	45,833,644	-600
378,815,734	-4,973,937	373,841,797	Grand Total Assets	383,334,519	-9,492,722
			CURRENT LIABILITIES		
18,930,573	405,801	19,336,374	Accounts Payable	17,308,039	2,028,297
14,116,716	-4,204,788	9,911,928	Accrued Salaries	14,678,032	-4,766,104
5,151,686	235,649	5,387,335	Accrued Expenses	5,274,817	112,518
			Accrued Interest		5,387,335
			Distributions Payable		
1,830,159	168,974	1,999,133	Curr Port - Long Term Debt	1,850,864	148,269
90,283	-85,895	4,388	Other Current Liabilities	87,080	-82,692
			Income Taxes Payable		4,388
40,119,417	-3,480,259	36,639,158	Total Current Liabilities	39,198,832	-2,559,712
			LONG TERM DEBT		
3,959,050	685,992	4,645,042	Capitalized Leases	6,036,503	-1,391,461
-126,784,920	-14,805,905	-141,590,825	Inter/Intra Company Debt	-56,445,735	-85,145,090
15,319,891	0	15,319,891	Other Long Term Debts	15,319,891	0
-107,505,979	-14,119,913	-121,625,892	Total Long Term Debts	-35,089,341	-86,536,551
			DEFERRED CREDITS AND OTHER LIAB		
			Professional Liab Risk		
			Deferred Incomes Taxes		
243,685	9,502	253,187	Long-Term Obligations	176,835	76,352
243,685	9,502	253,187	Total Other Liabilities & Def	176,835	76,352
			EQUITY		
			Common Stock - par value		
142,871,513	0	142,871,513	Capital In Excess of par value	142,871,513	0
193,908,145	0	193,908,145	Retained Earnings - current yr	236,176,850	79,527,181
109,178,953	12,616,733	121,795,686	Net Income Current Year	0	0
			Distributions		0
			Other Equity		
445,958,611	12,616,733	458,575,344	Total Equity	379,048,193	79,527,189
378,815,734	-4,973,937	373,841,797	Total Liabilities and Equity	383,334,519	-9,492,722

Z00001 - Centennial Medical Center

Dec - 2015

2/5/2016 09:50:03 AM

All Entities

Report ID: ALCFS008

Financial Statements - Income Statement

Month							All Department Num	Year to Date						
Actual	Budget	Bud Var	Var %	Prior Year	PY Var	Var %		Actual	Budget	Bud Var	Var %	Prior Year	PY Var	Var %
REVENUES														
41,045	43,703	(2,658)	-6.08%	41,517	(472)	-1.14%	Inpatient Revenue Routine Services	492,476	521,050	(28,574)	-5.48%	453,947	38,529	8.49%
146,915	153,788	(6,874)	-4.47%	129,878	17,037	13.12%	Inpatient Revenue Ancillary Services	1,617,091	1,519,432	97,659	6.43%	1,355,605	261,486	19.29%
187,960	197,492	(9,532)	-4.83%	171,395	16,585	9.66%	Inpatient Gross Revenue	2,109,567	2,040,482	69,085	3.39%	1,809,551	300,015	16.58%
122,093	103,270	18,823	18.23%	93,708	28,385	30.29%	Outpatient Gross Revenue	1,173,486	1,119,496	53,990	4.82%	992,102	181,384	18.28%
310,053	300,762	9,291	3.09%	265,103	44,950	16.96%	Total Patient Revenue	3,283,052	3,159,978	123,074	3.89%	2,801,653	481,399	17.18%
420	340	80	23.65%	320	100	31.39%	Other Revenue	4,085	3,877	208	5.37%	3,827	258	6.74%
310,473	301,101	9,371	3.11%	265,423	45,050	16.97%	Gross Revenue	3,287,137	3,163,855	123,282	3.90%	2,805,480	481,658	17.17%
DEDUCTIONS														
71,685	73,324	(1,639)	-2.24%	63,354	8,331	13.15%	Total CY CA - Medicare (1,2)	780,055	716,262	63,794	8.91%	679,465	100,590	14.80%
623	349	274	78.55%	944	(321)	-34.00%	Total CY CA - Medicaid (3)	5,041	4,196	845	20.13%	4,296	744	17.32%
5,023	4,296	727	16.92%	2,825	2,197	77.78%	Total CY CA - Champus (6)	45,023	49,404	(4,382)	-8.87%	42,115	2,908	6.90%
2	(385)	387	100.52%	(385)	387	100.52%	Prior Year Contractuals	(5,311)	(4,246)	(1,064)	-25.07%	(4,246)	(1,064)	-25.07%
148,425	140,773	7,652	5.44%	125,494	22,931	18.27%	Total CY CA - Mgd Care (7,8,9,12,13,14)	1,530,383	1,491,699	38,684	2.59%	1,274,771	255,612	20.05%
1,344	1,492	(148)	-9.93%	2,009	(665)	-33.09%	Charity	13,955	15,680	(1,725)	-11.00%	12,516	1,439	11.49%
1,382	1,507	(124)	-8.26%	1,620	(238)	-14.69%	Bad Debt	30,343	40,901	(10,559)	-25.81%	24,651	5,692	23.09%
23,777	21,711	2,066	9.52%	12,856	10,921	84.95%	Other Deductions	226,521	213,517	13,004	6.09%	188,492	38,029	20.18%
252,262	243,066	9,195	3.78%	208,717	43,544	20.86%	Total Revenue Deductions (Incl Bad Debt)	2,626,009	2,527,413	98,596	3.90%	2,222,060	403,949	18.18%
58,211	58,035	176	0.30%	56,705	1,506	2.66%	Cash Revenue	661,128	636,442	24,686	3.88%	583,420	77,708	13.32%
OPERATING EXPENSES														
13,270	13,364	(94)	-0.70%	13,061	209	1.60%	Salaries and Wages	153,007	156,584	(3,577)	-2.28%	147,663	5,344	3.62%
1,370	798	573	71.79%	1,429	(59)	-4.11%	Contract Labor	16,978	11,521	5,456	47.36%	10,558	6,420	60.80%
3,082	3,215	(133)	-4.14%	2,900	182	6.27%	Employee Benefits	39,002	40,955	(1,953)	-4.77%	37,878	1,123	2.97%
13,195	11,831	1,364	11.53%	10,894	2,301	21.12%	Supply Expense	145,103	137,317	7,787	5.67%	123,328	21,776	17.66%
815	988	(173)	-17.53%	994	(179)	-18.05%	Professional Fees	12,910	11,936	975	8.17%	10,625	2,285	21.50%
5,130	4,816	313	6.51%	4,852	278	5.73%	Contract Services	59,971	56,877	3,094	5.44%	53,990	5,982	11.08%
1,056	1,012	44	4.33%	975	81	8.30%	Repairs and Maintenance	11,784	12,010	(226)	-1.88%	11,609	175	1.51%
660	639	21	3.35%	574	86	15.07%	Rents and Leases	7,570	7,616	(46)	-0.80%	7,466	104	1.39%
451	488	(37)	-7.66%	458	(5)	-1.20%	Utilities	6,230	6,663	(433)	-6.50%	6,232	(2)	-0.04%
(1,193)	(287)	(906)	-315.55%	(155)	(1,039)	-671.86%	Insurance	2,794	3,747	(953)	-25.43%	2,652	142	5.36%
185	385	(200)	-51.83%	(81)	267	327.69%	Investment Income	4,782	4,621	161	3.48%	4,214	568	13.48%
680	648	31	4.85%	818	(139)	-16.95%	Non-Income Taxes	8,845	8,001	844	10.55%	7,654	1,191	15.56%
38,700	37,897	803	2.12%	36,717	1,983	5.40%	Other Operating Expense	468,975	457,846	11,130	2.43%	423,869	45,106	10.64%
19,512	20,138	(627)	-3.11%	19,989	(477)	-2.39%	Cash Expense	192,153	178,596	13,556	7.59%	159,551	32,602	20.43%
EBITDA														
CAPITAL AND OTHER COSTS														
3,387	2,516	872	34.64%	2,761	627	22.70%	Depreciation & Amortization	31,990	30,250	1,741	5.75%	29,560	2,431	8.22%
(434)	(1,745)	1,311	75.10%	(2,009)	1,574	78.37%	Other Non-Operating Expenses	(2,255)	(20,940)	18,684	89.23%	(21,589)	19,334	89.55%
3,942	3,912	30	0.76%	3,697	245	6.63%	Interest Expense	40,623	46,993	(6,371)	-13.56%	37,888	2,735	7.22%
		(4)	100.00%		4	100.00%	Mgmt Fees and Markup Cost	(1)		(1)		(4)	4	84.42%
6,895	4,883	2,212	47.23%	4,445	2,450	55.12%	Minority Interest	70,357	56,303	14,054	24.96%	45,854	24,503	53.44%
12,617	15,455	(2,839)	-18.37%	15,544	(2,927)	-18.83%	Total Capital and Others	121,796	122,293	(497)	-0.41%	113,697	8,099	7.12%
PRELAX INCOME														
TAXES ON INCOME														
Federal Income Taxes														
State Income Taxes														
Total Taxes on Income														
12,617	15,455	(2,839)	-18.37%	15,544	(2,927)	-18.83%	Net Income	121,796	122,293	(497)	-0.41%	113,697	8,099	7.12%

CONFIDENTIAL - Contains proprietary information not intended for external distribution.

HCA HOLDINGS, INC.
CONSOLIDATED INCOME STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014, 2013 AND 2012
(Dollars in millions, except per share amounts)

	2014	2013	2012
Revenues before the provision for doubtful accounts	\$ 40,087	\$ 38,040	\$ 36,783
Provision for doubtful accounts	3,169	3,858	3,770
Revenues	36,918	34,182	33,013
Salaries and benefits	16,641	15,646	15,089
Supplies	6,262	5,970	5,717
Other operating expenses	6,755	6,237	6,048
Electronic health record incentive income	(125)	(216)	(336)
Equity in earnings of affiliates	(43)	(29)	(36)
Depreciation and amortization	1,820	1,753	1,679
Interest expense	1,743	1,848	1,798
Losses (gains) on sales of facilities	(29)	10	(15)
Losses on retirement of debt	335	17	—
Legal claim costs	78	—	175
	<u>33,437</u>	<u>31,236</u>	<u>30,119</u>
Income before income taxes	3,481	2,946	2,894
Provision for income taxes	1,108	950	888
Net income	2,373	1,996	2,006
Net income attributable to noncontrolling interests	498	440	401
Net income attributable to HCA Holdings, Inc.	<u>\$ 1,875</u>	<u>\$ 1,556</u>	<u>\$ 1,605</u>
Per share data:			
Basic earnings per share	\$ 4.30	\$ 3.50	\$ 3.65
Diluted earnings per share	\$ 4.16	\$ 3.37	\$ 3.49
Shares used in earnings per share calculations (in thousands):			
Basic	435,668	445,066	440,178
Diluted	450,352	461,913	459,403

The accompanying notes are an integral part of the consolidated financial statements.

HCA HOLDINGS, INC.
CONSOLIDATED COMPREHENSIVE INCOME STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2014, 2013 AND 2012
(Dollars in millions)

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Net income	\$2,373	\$1,996	\$2,006
Other comprehensive income (loss) before taxes:			
Foreign currency translation	(74)	18	37
Unrealized gains (losses) on available-for-sale securities	9	(7)	6
Defined benefit plans	(158)	134	(89)
Pension costs included in salaries and benefits	21	38	46
	(137)	172	(43)
Change in fair value of derivative financial instruments	(36)	3	(151)
Interest costs included in interest expense	132	131	122
	96	134	(29)
Other comprehensive income (loss) before taxes	(106)	317	(29)
Income taxes (benefits) related to other comprehensive income items	(40)	117	(12)
Other comprehensive income (loss)	(66)	200	(17)
Comprehensive income	2,307	2,196	1,989
Comprehensive income attributable to noncontrolling interests	498	440	401
Comprehensive income attributable to HCA Holdings, Inc.	<u>\$1,809</u>	<u>\$1,756</u>	<u>\$1,588</u>

The accompanying notes are an integral part of the consolidated financial statements.

HCA HOLDINGS, INC.
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2014 AND 2013
(Dollars in millions)

	2014	2013
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 566	\$ 414
Accounts receivable, less allowance for doubtful accounts of \$5,011 and \$5,488	5,694	5,208
Inventories	1,279	1,179
Deferred income taxes	366	489
Other	1,025	747
	<u>8,930</u>	<u>8,037</u>
Property and equipment, at cost:		
Land	1,524	1,487
Buildings	11,941	11,211
Equipment	18,496	17,519
Construction in progress	1,019	856
	<u>32,980</u>	<u>31,073</u>
Accumulated depreciation	<u>(18,625)</u>	<u>(17,454)</u>
	14,355	13,619
Investments of insurance subsidiaries	494	448
Investments in and advances to affiliates	165	121
Goodwill and other intangible assets	6,416	5,903
Deferred loan costs	219	237
Other	620	466
	<u>\$ 31,199</u>	<u>\$ 28,831</u>
LIABILITIES AND STOCKHOLDERS' DEFICIT		
Current liabilities:		
Accounts payable	\$ 2,035	\$ 1,803
Accrued salaries	1,370	1,193
Other accrued expenses	1,737	1,913
Long-term debt due within one year	338	786
	<u>5,480</u>	<u>5,695</u>
Long-term debt	29,307	27,590
Professional liability risks	1,078	949
Income taxes and other liabilities	1,832	1,525
Stockholders' deficit:		
Common stock \$0.01 par; authorized 1,800,000,000 shares; outstanding 420,477,900 shares — 2014 and 439,604,000 shares — 2013	4	4
Capital in excess of par value	—	1,386
Accumulated other comprehensive loss	(323)	(257)
Retained deficit	(7,575)	(9,403)
Stockholders' deficit attributable to HCA Holdings, Inc.	(7,894)	(8,270)
Noncontrolling interests	1,396	1,342
	<u>(6,498)</u>	<u>(6,928)</u>
	<u>\$ 31,199</u>	<u>\$ 28,831</u>

The accompanying notes are an integral part of the consolidated financial statements.

HCA HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF STOCKHOLDERS' DEFICIT
FOR THE YEARS ENDED DECEMBER 31, 2014, 2013 AND 2012
(Dollars in millions)

	Equity (Deficit) Attributable to HCA Holdings, Inc.					Equity Attributable to Noncontrolling Interests	Total
	Common Stock Shares (000)	Par Value	Capital in Excess of Par Value	Accumulated Other Comprehensive Loss	Retained Deficit		
Balances, December 31, 2011	437,478	\$ 4	\$ 1,601	\$(440)	\$ (9,423)	\$1,244	\$(7,014)
Comprehensive income				(17)	1,605	401	1,989
Share-based benefit plans	5,722		169				169
Distributions					(3,142)	(401)	(3,543)
Other			(17)			75	58
Balances, December 31, 2012	443,200	4	1,753	(457)	(10,960)	1,319	(8,341)
Comprehensive income				200	1,556	440	2,196
Repurchase of common stock ...	(10,656)		(500)				(500)
Share-based benefit plans	7,060		139				139
Distributions						(435)	(435)
Other			(6)		1	18	13
Balances, December 31, 2013	439,604	4	1,386	(257)	(9,403)	1,342	(6,928)
Comprehensive income				(66)	1,875	498	2,307
Repurchase of common stock ...	(28,583)		(1,701)		(49)		(1,750)
Share-based benefit plans	9,457		321				321
Distributions						(442)	(442)
Other			(6)		2	(2)	(6)
Balances, December 31, 2014	<u>420,478</u>	<u>\$ 4</u>	<u>\$ —</u>	<u>\$(323)</u>	<u>\$ (7,575)</u>	<u>\$1,396</u>	<u>\$(6,498)</u>

The accompanying notes are an integral part of the consolidated financial statements.

HCA HOLDINGS, INC.
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2014, 2013 AND 2012
(Dollars in millions)

	2014	2013	2012
Cash flows from operating activities:			
Net income	\$ 2,373	\$ 1,996	\$ 2,006
Adjustments to reconcile net income to net cash provided by operating activities:			
Increase (decrease) in cash from operating assets and liabilities:			
Accounts receivable	(3,645)	(4,395)	(3,896)
Provision for doubtful accounts	3,169	3,858	3,770
Accounts receivable, net	(476)	(537)	(126)
Inventories and other assets	(232)	(19)	(122)
Accounts payable and accrued expenses	444	142	355
Depreciation and amortization	1,820	1,753	1,679
Income taxes	(83)	143	96
Losses (gains) on sales of facilities	(29)	10	(15)
Losses on retirement of debt	335	17	—
Legal claim costs	78	—	175
Amortization of deferred loan costs	42	55	62
Share-based compensation	163	113	56
Other	13	7	9
Net cash provided by operating activities	4,448	3,680	4,175
Cash flows from investing activities:			
Purchase of property and equipment	(2,176)	(1,943)	(1,862)
Acquisition of hospitals and health care entities	(766)	(481)	(258)
Disposal of hospitals and health care entities	51	33	30
Change in investments	(37)	36	16
Other	10	9	11
Net cash used in investing activities	(2,918)	(2,346)	(2,063)
Cash flows from financing activities:			
Issuances of long-term debt	5,502	—	4,850
Net change in revolving bank credit facilities	440	970	(685)
Repayment of long-term debt	(5,164)	(1,662)	(2,441)
Distributions to noncontrolling interests	(442)	(435)	(401)
Payment of debt issuance costs	(73)	(5)	(62)
Repurchases of common stock	(1,750)	(500)	—
Distributions to stockholders	(7)	(16)	(3,148)
Income tax benefits	134	113	174
Other	(18)	(90)	(67)
Net cash used in financing activities	(1,378)	(1,625)	(1,780)
Change in cash and cash equivalents	152	(291)	332
Cash and cash equivalents at beginning of period	414	705	373
Cash and cash equivalents at end of period	\$ 566	\$ 414	\$ 705
Interest payments	\$ 1,758	\$ 1,832	\$ 1,723
Income tax payments, net	\$ 1,057	\$ 694	\$ 618

The accompanying notes are an integral part of the consolidated financial statements.

C, Orderly Development--7(C) Licensing & Accreditation Inspections



TriStar Centennial Medical Center
2300 Patterson Street
Nashville, TN 37203

Organization Identification Number: 7888

Program(s)
Hospital Accreditation
Critical Access Hospital Accreditation

Survey Date(s)
11/04/2013-11/08/2013

Executive Summary

Hospital Accreditation :

As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey.

If your organization wishes to clarify any of the standards you believe were compliant at the time of survey, you may submit clarifying Evidence of Standards Compliance in 10 business days from the day this report is posted to your organization's extranet site.

You will have follow-up in the area(s) indicated below:

- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.
- Evidence of Standards Compliance (ESC)

Critical Access Hospital Accreditation :

As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey.

If your organization wishes to clarify any of the standards you believe were compliant at the time of survey, you may submit clarifying Evidence of Standards Compliance in 10 business days from the day this report is posted to your organization's extranet site.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)
- As a result of a Condition Level Deficiency, an Unannounced Medicare Deficiency Follow-up Survey will occur. Please address and correct any Condition Level Deficiencies immediately, as the follow-up event addressing these deficiencies will occur within 45 days of the last survey date identified above. The follow-up event is in addition to the written Evidence of Standards Compliance response.

The Joint Commission

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission Summary of Findings

Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	EC.02.02.01	EP5,EP7,EP12
	EC.02.03.01	EP1
	EC.02.03.05	EP3,EP4
	EC.02.05.01	EP1,EP6,EP8
	IC.02.01.01	EP3
	IC.02.02.01	EP1,EP2,EP4
	LD.03.06.01	EP3
	LS.01.01.01	EP2
	MM.03.01.01	EP2,EP7,EP8
	NPSG.01.01.01	EP1
	PC.03.05.05	EP6
	PC.03.05.11	EP1,EP3
	RC.02.01.03	EP6
Program:	Critical Access Hospital Accreditation Program	
Standards:	EC.02.05.09	EP1,EP3
	LS.02.01.10	EP1,EP4

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

Program:	Hospital Accreditation Program	
Standards:	APR.01.03.01	EP1
	EC.02.04.03	EP3
	EC.02.06.01	EP1,EP13
	HR.01.04.01	EP7
	LD.01.03.01	EP2
	LD.04.03.09	EP6
	LS.02.01.10	EP3,EP5,EP9

**The Joint Commission
Summary of Findings**

Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day the survey report was originally posted to your organization's extranet site:

LS.02.01.20	EP31,EP32
LS.02.01.30	EP11,EP18
LS.02.01.34	EP4
LS.02.01.35	EP4,EP5,EP14
RC.01.01.01	EP19
RI.01.03.01	EP13
UP.01.03.01	EP2

**The Joint Commission
Summary of CMS Findings**

CoP: §485.623 **Tag:** C-0220 **Deficiency:** Condition

Corresponds to: CAH

Text: §485.623 Condition of Participation: Physical Plant and Environment

CoP Standard	Tag	Corresponds to	Deficiency
§485.623(d)(1)	C-0231	CAH - LS.02.01.10/EP1, EP4	Standard
§485.623(b)(1)	C-0222	CAH - EC.02.05.09/EP1	Standard

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(12) (ii)(C)	A-0179	HAP - PC.03.05.11/EP3	Standard
§482.13(e)(14)	A-0182	HAP - PC.03.05.11/EP1	Standard
§482.13(e)(8) (iii)	A-0173	HAP - PC.03.05.05/EP6	Standard

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(6)	A-0398	HAP - LD.04.03.09/EP6	Standard

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Standard

CoP: §482.25 **Tag:** A-0490 **Deficiency:** Standard

Corresponds to: HAP

The Joint Commission Summary of CMS Findings

Text: §482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

CoP Standard	Tag	Corresponds to	Deficiency
§482.25(b)(3)	A-0505	HAP - MM.03.01.01/EP8	Standard

CoP: §482.26 **Tag:** A-0528 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.26 Condition of Participation: Radiologic Services

The hospital must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.

CoP Standard	Tag	Corresponds to	Deficiency
§482.26(b)(1)	A-0536	HAP - EC.02.02.01/EP7	Standard

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Condition

Corresponds to: HAP

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(c)(2)	A-0724	HAP - EC.02.04.03/EP3, EC.02.06.01/EP1	Standard
§482.41(a)	A-0701	HAP - EC.02.06.01/EP1	Standard
§482.41(b)(1)(i)	A-0710	HAP - LS.01.01.01/EP2, EC.02.03.05/EP3, EP4, LS.02.01.10/EP3, EP5, EP9, LS.02.01.20/EP31, EP32, LS.02.01.30/EP11, EP18, LS.02.01.34/EP4, LS.02.01.35/EP4, EP5, EP14	Standard

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Condition

Corresponds to: HAP - EC.02.05.01/EP6,
EC.02.06.01/EP13

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

**The Joint Commission
Summary of CMS Findings**

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP1, EP2, EP4	Standard
§482.51(b)(6)	A-0959	HAP - RC.02.01.03/EP6	Standard

CoP: §482.56 **Tag:** A-1123 **Deficiency:** Standard

Corresponds to: HAP

Text: §482.56 Condition of Participation: Rehabilitation Services

If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, or speech pathology services, the services must be organized and staffed to ensure the health and safety of patients.

CoP Standard	Tag	Corresponds to	Deficiency
§482.56(a)	A-1124	HAP - LD.03.06.01/EP3	Standard

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Condition

Corresponds to: HAP - LD.01.03.01/EP2

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body. The governing body (or the persons legally responsible for the conduct of the hospital and carrying out the functions specified in this part that pertain to the governing body) must include a member, or members, of the hospital's medical staff.

The Joint Commission Findings

Chapter: Accreditation Participation Requirements
Program: Hospital Accreditation
Standard: APR.01.03.01

ESC 60 days

Standard Text: The hospital reports any changes in the information provided in the application for accreditation and any changes made between surveys.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

1. The hospital notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.



Note: When the hospital changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to survey the hospital again. If the hospital does not provide written notification to The Joint Commission within 30 days of these changes, the hospital could lose its accreditation.

Scoring

Category : A
Score : Insufficient Compliance

Observation(s):

EP 1

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. During tracer activity, it was noted that the hospital operated an Intensive Outpatient Program. This program was not indicated on the hospital's Joint Commission application. Additionally, this program moved to a new site on June 24, 2013. The hospital had not provided written notification to the Joint Commission within 30 days of this change in location.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.02.01

ESC 45 days

Standard Text: The hospital manages risks related to hazardous materials and waste.

Primary Priority Focus Area: Equipment Use

The Joint Commission Findings

Element(s) of Performance:

5. The hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.



Scoring

Category : C
Score : Partial Compliance

7. The hospital minimizes risks associated with selecting and using hazardous energy sources.



Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).

Scoring

Category : A
Score : Insufficient Compliance

12. The hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. *



Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.

Scoring

Category : A
Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 5

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. During the building tour it was observed that the hospital did not minimize risks associated with handling, storing, and using, of hazardous chemicals.

It was observed that the eye wash station located in the boiler room was connected to cold water only and the hospital did not monitor the temperature and could not ensure that the water temperature was maintained tepid.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During the building tour it was observed that the hospital did not minimize risks associated with handling, storing, and using, of hazardous chemicals.

It was observed that the eye wash station located in the chiller room was connected to cold water only and the hospital did not monitor the temperature and could not ensure that the water temperature was maintained tepid.

EP 7

\$482.26(b)(1) - (A-0536) - (1) Proper safety precautions must be maintained against radiation hazards. This includes adequate shielding for patients, personnel, and facilities, as well as appropriate storage, use and disposal of radioactive materials.

This Standard is NOT MET as evidenced by:

Observed in Storage area within Room #1 Interventional Radiology at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer folded lead aprons were found in a supply room within the Interventional Radiology Room #1. Folding of lead aprons does not minimize risks associated with the potential cracking of the lead which allows for hazardous energy to penetrate the apron.

Observed in Interventional Radiology at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer multiple folded lead aprons were found in the control room area within the Interventional Radiology department. Folding of lead aprons does not minimize risks associated with the potential cracking of the lead which allows for hazardous energy to penetrate the apron.

EP 12

Observed in Tracer Activities at TriStar ER Spring Hill (3001 Reserve Boulevard, Spring Hill, TN) site.

There was a spray bottle with a pink liquid stored in the housekeeper's cart. This bottle did not have a label that indicated the contents or the hazard warnings. In discussion with housekeeping staff, it was reported that this liquid was a disinfectant agent.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.03.01
Standard Text: The hospital manages fire risks.
Primary Priority Focus Area: Physical Environment
Element(s) of Performance:

1. The hospital minimizes the potential for harm from fire, smoke, and other products of combustion.

**Scoring**

Category : C
Score : Insufficient Compliance

Observation(s):

Organization Identification Number: 7888

ESC 45 days

The Joint Commission Findings

EP 1

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site.

During the building tour of the Women's and Children's hospital it was observed on the Plant Operations electrical room electrical panel #1 was open and the electrical wires were exposed due to the cover was not installed and therefore the hospital did not minimize the potential for harm from fire and smoke.

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site.

During the building tour of the Women's and Children's hospital it was observed on the Plant Operations electrical room electrical panel #2 was open and the electrical wires were exposed due to the cover was not installed and therefore the hospital did not minimize the potential for harm from fire and smoke.

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site.

During the building tour of the Women's and Children's hospital it was observed on the 1st floor above the ceiling, electrical junction box # 3 was open and cove plate was not properly installed and therefore the hospital did not minimize the potential for harm from fire and smoke.

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site.

During the building tour of the Women's and Children's hospital it was observed in the 1st floor above the ceiling near the OB ED, electrical junction box # 4 was open and cove plate was not properly installed and therefore the hospital did not minimize the potential for harm from fire and smoke.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.03.05

ESC 45 days

Standard Text: The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment

The Joint Commission Findings

Element(s) of Performance:

3. Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

**Scoring**

Category : C
Score : Insufficient Compliance

4. Every 12 months, the hospital tests visual and audible fire alarms, including speakers. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

**Scoring**

Category : C
Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 3

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system smoke detector devices every 12 months.

The documentation identified that smoke detector 3-379 was tested during the annual fire alarm system testing in August 2013, but was not tested during the annual testing of the fire alarm system in August 2012.

Observed in Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system smoke detector devices every 12 months.

The documentation identified that smoke detector 3-64 was tested during the annual fire alarm system testing in August 2013, but was not tested during the annual testing of the fire alarm system in August 2012.

Observed in Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system smoke detector devices every 12 months.

The documentation identified that smoke detector 3-91 was tested during the annual fire alarm system testing in August 2013, but was not tested during the annual testing of the fire alarm system in August 2012.

Observed in Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system manual pull station devices every 12 months.

The documentation identified that manual pull station 3-63 was tested during the annual fire alarm system testing in August 2013, but was not tested during the annual testing of the fire alarm system in August 2012.

Observed in Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system manual pull station devices every 12 months.

The documentation identified that manual pull station 3-90 was tested during the annual fire alarm system testing in August 2013, but was not tested during the annual testing of the fire alarm system in August 2012.

EP 4

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

The Joint Commission Findings

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed In Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system audio and visual alarm devices every 12 months.

The documentation identified that chime/strobe device by exit stair C of the women's and children's hospital was tested during the annual fire alarm system testing in February 2013, but was not tested during the annual testing of the fire alarm system in February 2012.

Observed In Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system audio and visual alarm devices every 12 months.

The documentation identified that the chime/strobe device south west of the waiting room of the women's and children's hospital was tested during the annual fire alarm system testing in February 2013, but was not tested during the annual testing of the fire alarm system in February 2012.

Observed In Document Review at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the document review it was observed that the hospital did not test all of their fire alarm system audio and visual alarm devices every 12 months.

The documentation identified that the strobe device at the west corridor waiting area of the women's and children's hospital was tested during the annual fire alarm system testing in February 2013, but was not tested during the annual testing of the fire alarm system in February 2012.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.04.03
Standard Text: The hospital inspects, tests, and maintains medical equipment.
Primary Priority Focus Area: Equipment Use
Element(s) of Performance:

ESC 60 days

3. The hospital inspects, tests, and maintains non-life-support equipment identified on the medical equipment inventory. These activities are documented. (See also EC.02.04.01, EPs 2-4 and PC.02.01.11, EP 2)



Scoring

Category : C
Score : Partial Compliance

Observation(s):

The Joint Commission Findings

EP 3

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

Review of preventive maintenance history for Infusion Pump 012932 noted that the hospital inspected this piece of equipment on 12/23/2010 with the next inspection on 11/2/2012. Documentation reflected that they could not locate the equipment during the 2011 PM cycle. There was no documentation as to when this piece of equipment was located, put back into service and that the equipment was inspected at that time.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

Review of preventive maintenance history for Module, Infusion Pump 011427 noted that the hospital inspected this piece of equipment on 11/3/2011 with the next inspection on 12/11/2012. Hospital policy stated that this piece of equipment should be inspected annually.

Chapter:	Environment of Care	
Program:	Hospital Accreditation	
Standard:	EC.02.05.01	ESC 45 days
Standard Text:	The hospital manages risks associated with its utility systems.	
Primary Priority Focus Area:	Physical Environment	

The Joint Commission Findings

Element(s) of Performance:

1. The hospital designs and installs utility systems that meet patient care and operational needs. (See also EC.02.06.05, EP 1)



Scoring

Category : A
Score : Insufficient Compliance

6. In areas designed to control airborne contaminants (such as biological agents, gases, fumes, dust), the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration efficiencies.



Note: Areas designed for control of airborne contaminants include spaces such as operating rooms, special procedure rooms, delivery rooms for patients diagnosed with or suspected of having airborne communicable diseases (for example, pulmonary or laryngeal tuberculosis), patients in 'protective environment' rooms (for example, those receiving bone marrow transplants), laboratories, pharmacies, and sterile supply rooms. For further information, see Guidelines for Design and Construction of Health Care Facilities, 2010 edition, administered by the Facility Guidelines Institute and published by the American Society for Healthcare Engineering (ASHE).

Scoring

Category : A
Score : Insufficient Compliance

8. The hospital labels utility system controls to facilitate partial or complete emergency shutdowns.



Scoring

Category : A
Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 1

Observed In Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site.

During the building tour it was observed in the Women's and Children's hospital the mechanical room located in the 4th floor penthouse was designed that the only way to enter and exit the mechanical room is an elevator and the mechanical room was not designed with an approved exit from the mechanical room during a fire emergency.

EP 6

\$482.42 - (A-0747) - \$482.42 Condition of Participation: Condition of Participation: Infection Control

This Condition is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the sterile processing department of the Women's and Children's hospital, the hospital did not maintain the proper air exchange rates and pressure relationships between the dirty decontamination room and the clean central sterile room due to a section of the wall which separates the two rooms, have been removed.

EP 8

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site.

During the building tour it was observed in the Women's and Children's Hospital, electrical breakers located in electrical panel ACLU was not properly labeled to facilitate partial or complete emergency shutdowns.

Observed in Building Tour at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site.

During the building tour of the Parthenon Pavilion it was observed that the electrical breakers located in electrical panel 2E was not properly labeled to facilitate partial or complete emergency shutdowns.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.06.01

ESC 60 days

Standard Text: The hospital establishes and maintains a safe, functional environment.
Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.

Primary Priority Focus Physical Environment

Area:

Element(s) of Performance:

1. Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.



Scoring

Category : C
Score : Insufficient Compliance

13. The hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment, and services provided.



Scoring

Category : A
Score : Insufficient Compliance

**The Joint Commission
Findings****Observation(s):**

The Joint Commission Findings

EP 1

§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

It was noted that on the geriatric unit, an isolation cart was stored next to a patient's room. This cart was not locked and contained items such as: red plastic biohazard trash bags, plastic isolation gowns, and gloves.

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

It was noted that a picture hanging on the wall was not secured.

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

During a tour of the unit, it was noted that there were large plastic trash bags in trash cans in the patient areas.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During a tour of the unit, it was noted that one of the bathrooms in the patient room had a hand held shower with a hose which could pose a strangulation risk. This had not been identified as a risk so that mitigation strategies could be implemented.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During a tour of the Sarah Cannon operating room, a stored e-cylinder was noted to be unsecured.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During a tour of the Sarah Cannon operating room, it was noted that full and empty oxygen tanks were intermingled in the storage area. Additionally, it was noted that for storage of some of the oxygen tanks, there was no indication if they were full or empty.

§482.41(a) - (A-0701) - §482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the hospital did not identify the safety risk located in the Women's and Children's hospital on the 4th floor penthouse mechanical room. The hospital did not have an approved exit out of the mechanical room in a fire or other hazardous emergency.

The mechanical room had an elevator and access to the roof, but there was not an exit off the roof.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the corridor of the 9th floor near the emergency helicopter entrance of Tower building, an empty oxygen e-cylinder # 1 was stored and there was no label or sign identifying that the cylinder was empty.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the corridor of the 9th floor near the emergency helicopter entrance of Tower building, an empty oxygen e-cylinder # 2 was stored and there was no label or sign identifying that the cylinder was empty.

The Joint Commission Findings

EP 13

\$482.42 - (A-0747) - \$482.42 Condition of Participation: Condition of Participation: Infection Control

This Condition is NOT MET as evidenced by:

Observed in Central Sterile Processing Department at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During a tour of the Central Sterile Processing area the door leading from the surgical pack prep area and the sterilization of instruments area was found propped open with a door stopper. Room temperature and humidity cannot be adequately maintained according to AAMI standards in the surgical prep pack area if the door to the sterilization area that gets very warm and humid during the sterilization process is propped open.

Observed in Womens and Children Operating Room Department at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During tracer activities it was noted that the substerile room door leading out to the OR core hallway was found open. Sterilization had just occurred and the room was found to be warm and very humid. The door being open did not allow for appropriate temperature and humidity levels to be maintained.

Chapter: Human Resources
Program: Hospital Accreditation
Standard: HR.01.04.01
Standard Text: The hospital provides orientation to staff.
Primary Priority Focus Area: Orientation & Training
Element(s) of Performance:

ESC 60 days

7. The hospital orients external law enforcement and security personnel on the following:
- How to interact with patients
 - Procedures for responding to unusual clinical events and incidents
 - The hospital's channels of clinical, security, and administrative communication
 - Distinctions between administrative and clinical seclusion and restraint



Scoring
Category : C
Score : Partial Compliance

Observation(s):

EP 7

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. In discussion with an external law enforcement officer who was sitting with a patient, he stated that he had not received an orientation or education in regards to how to interact with patient, procedures for responding to unusual clinical events and incidents, the hospital's channels of clinical, security, and administrative communication or distinctions between administrative and clinical seclusion and restraint. The officer stated that the only education he received was his specific department protocols.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. In discussion with a second external law enforcement officer who was sitting with a patient, he stated that he had not received an orientation or education in regards to how to interact with patient, procedures for responding to unusual clinical events and incidents, the hospital's channels of clinical, security, and administrative communication or distinctions between administrative and clinical seclusion and restraint. The officer stated that the only education he received was his specific department protocols.

The Joint Commission Findings

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.01.01 ESC 45 days
Standard Text: The hospital implements its infection prevention and control plan.
Primary Priority Focus Area: Infection Control
Element(s) of Performance:

3. The hospital implements transmission-based precautions * in response to the pathogens that are suspected or identified within the hospital's service setting and community.

Note: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is transmitted. Categories include contact, droplet, airborne, or a combination of these precautions.

Footnote *: For further information regarding transmission-based precautions, refer to the website of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/hai/> (Infection Control in Healthcare Settings).

Scoring

Category : C
Score : Partial Compliance

Observation(s):

EP 3

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. In a tour of the ECT suite and in discussion with clinical staff and IC staff it was noted that this area did not have a process to ensure that cubicle curtains were cleaned following an infectious patients being treated in the cubicle.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. In a tour of the endoscopy suite and in discussion with clinical staff and IC staff it was noted that this area did not have a process to ensure that cubicle curtains were cleaned following an infectious patients being treated in the cubicle.

Chapter: Infection Prevention and Control
Program: Hospital Accreditation
Standard: IC.02.02.01 ESC 45 days
Standard Text: The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
Primary Priority Focus Area: Infection Control

The Joint Commission Findings

Element(s) of Performance:

1. The hospital implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies. *



Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by patients who are isolated as part of implementing transmission-based precautions.

Footnote *: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/hai/> (Sterilization and Disinfection in Healthcare Settings).

Scoring

Category : C
Score : Partial Compliance

2. The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies. * (See also EC.02.04.03, EP 4)



Note: Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.

Footnote *: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the website of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/nicpac/Disinfection_Sterilization/acknowledg.html (Sterilization and Disinfection in Healthcare Settings).

Scoring

Category : A
Score : Insufficient Compliance

4. The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.



Scoring

Category : C
Score : Partial Compliance

Observation(s):

The Joint Commission Findings

EP 1

§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care. This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

It was noted that on the TICU, blood pressure cuffs intended for single patient use were being used on multiple patients.

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

During a tour of the unit a soiled, single patient use blood pressure cuff was noted to be connected to the blood pressure machine as ready for use. In discussion with staff, there was no evidence that the unit had a defined process for the cleaning of blood pressure cuffs between patient use. It was initially reported that each patient was given an individual blood pressure cuff, however, there was no name identified on the soiled cuff. There were additional single patient use cuffs stored on the blood pressure machines however staff were not able to speak to whom these cuffs belonged. It was also reported that a blood pressure cuff was used for each patient and then discarded after use. A third staff member reported that the cuffs were cleaned after each patient use.

EP 2

§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care. This Standard is NOT MET as evidenced by:

Observed in Labor and Delivery - 8th floor at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer, multiple instruments that had been packaged with the inner pouch folded were found being stored in the instrument storage area on the 8th floor and available for patient use.

Observed in Central Sterile Processing area at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer, multiple instruments that had been packaged with the inner pouch folded were found being stored in the instrument storage area in the Central Sterile processing area.

EP 4

§482.51(b) - (A-0951) - §482.51(b) Standard: Delivery of Service

Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care. This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at TriStar ER Spring Hill (3001 Reserve Boulevard, Spring Hill, TN) site for the Hospital deemed service.

It was noted that a transvaginal ultrasound probe was stored without a cover.

Observed in Interventional Radiology at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During tracer activities in the department a glass enclosed area was found storing sterile instrument packs and multiple sterile supplies such as interventional sterile radiologic catheters. There was a Hepa filter running in this room and one of the Hepa ports was allowing unfiltered air to flow directly onto the sterile instruments and supplies which did not allow for proper storage of medical devices and supplies. These supplies were discarded immediately by staff and this was corrected on site.

Chapter:

Leadership

The Joint Commission Findings

Program: Hospital Accreditation

Standard: LD.01.03.01

ESC 60 days

Standard Text: The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Primary Priority Focus Area: Communication

Element(s) of Performance:

2. The governing body provides for organization management and planning.



Scoring

Category : A

Score : Insufficient Compliance

Observation(s):

EP 2

\$482.12 - (A-0043) - \$482.12 Condition of Participation: Condition of Participation: Governing Body

This Condition is NOT MET as evidenced by:

Observed in Auto Score for CLD at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

The governing body/leadership did not ensure that the following Conditions of Participation were met as determined through observations, documentation, and staff interviews: \$482.41 - (A-0700), \$482.42 - (A-0747), \$482.12 - (A-0043)

Chapter: Leadership

Program: Hospital Accreditation

Standard: LD.03.06.01

ESC 45 days

Standard Text: Those who work in the hospital are focused on improving safety and quality.

Primary Priority Focus Area: Staffing

Area:

Element(s) of Performance:

3. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3)

Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.



Scoring

Category : A

Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 3

§482.56(a) - (A-1124) - §482.56(a) Standard: Organization and Staffing

The organization of the service must be appropriate to the scope of the services offered.

This Standard is NOT MET as evidenced by:

Observed in the centralized dialysis treatment area at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer it was learned through interviews with dialysis staff and manager that on weekends they can and have performed dialysis in the dialysis treatment room with 1 RN on duty to care for a maximum number of two patients receiving dialysis. Review of the contracted service's policy states "at the discretion of the attending physician and if allowed by contractual agreement, the RN may care for up to two patients in a centralized treatment area alone if the patient's vital signs are stable...". Upon review of the contract between the hospital and the dialysis service it was noted that the contract did not address staffing nor state there was agreement for only one RN to care for up to two patients in a centralized treatment area alone if the patient's vital signs are stable.

Chapter:

Leadership

Program:

Hospital Accreditation

Standard:

LD.04.03.09

ESC 60 days

Standard Text:

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Primary Priority Focus

Organizational Structure

Area:

Element(s) of Performance:

6. Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.



Scoring

Category :

A

Score :

Insufficient Compliance

Observation(s):

EP 6

§482.23(b)(6) - (A-0398) - (6) Non-employee licensed nurses who are working in the hospital must adhere to the policies and procedures of the hospital. The director of nursing service must provide for the adequate supervision and evaluation of the clinical activities of non-employee nursing personnel which occur within the responsibility of the nursing services.

This Standard is NOT MET as evidenced by:

Observed in The Centralized Dialysis Treatment Area at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer it was learned through interviews with dialysis staff and manager that on weekends they can and have performed dialysis in the dialysis treatment room with 1 RN on duty to care for a maximum number of two patients receiving dialysis. Review of the contracted service's policy states "at the discretion of the attending physician and if allowed by contractual agreement, the RN may care for up to two patients in a centralized treatment area alone if the patient's vital signs are stable...". Upon review of the contract between the hospital and the dialysis service it was noted that the contract did not address staffing nor state there was agreement for only one RN to care for up to two patients in a centralized treatment area alone if the patient's vital signs are stable. It was further noted the hospital was unaware that this staffing pattern was in place in the centralized dialysis treatment area and had not evaluated this service in relation to maintaining appropriate levels of staff commensurate with agreed written contract.

The Joint Commission Findings

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.01.01.01

ESC 45 days

Standard Text: The hospital designs and manages the physical environment to comply with the Life Safety Code.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

2. The hospital maintains a current electronic Statement of Conditions (E-SOC).

Note: The E-SOC is available to each hospital through The Joint Commission Connect™ extranet site.



Scoring

Category : A

Score : Insufficient Compliance

Observation(s):

EP 2

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101® 2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour and staff discussion it was observed that at time of survey the hospital did not have a current E-SOC.

It was observed at time of survey that the hospital did not have an accurate set of life safety drawings. During the building tour it was observed that the hospital changed the use of the old cath lab rooms to storage rooms that were over 100 square ft and stored combustibles and other hazardous in the rooms and these rooms were not identified as hazardous areas on the life safety drawings. It was also observed at time of survey that the hospital's life safety drawing did not identify all of the occupancies and occupancy separations on the life safety drawings. It was observed that areas of the building were business occupancy and healthcare occupancy and these occupancies were not identified on the drawings as well as the separation of these areas. It was also observed that the life safety drawing did not accurately identify the smoke wall separations of the Parkthenon Pavillion building.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.10

ESC 60 days

The Joint Commission Findings

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

3. Walls that are fire rated for 2 hours (such as common walls between buildings and occupancy separation walls within buildings) extend from the floor slab to the floor or roof slab above and extend from exterior wall to exterior wall. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.2.2)



Scoring

Category : A
Score : Insufficient Compliance

5. Doors required to be fire rated have functioning hardware, including positive latching devices and self-closing or automatic-closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch. (See also LS.02.01.30, EP 2; LS.02.01.34, EP 2) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1, 8.2.3.2.1 and NFPA 80-1999: 2-4.4.3, 2-3.1.7, and 1-11.4)



Scoring

Category : C
Score : Partial Compliance

9. The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes that penetrate fire-rated walls and floors are protected with an approved fire-rated material.
Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.4.2)



Scoring

Category : C
Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 3

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/lfr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the rating of the fire door located on the 2nd floor exit stair B of the Sara Cannon building could not be verified due to the rating labeled was painted over.

EP 5

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/lfr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the exit fire door located in the basement of the Sara Cannon building in the Oncology unit did not close and latch properly.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed the the fire door located at the exit stair of the 3rd floor of the Sara Cannon building the fire door had greater than 1/8 gap between the door and door frame.

EP 9

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/lfr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Centennial Medical Center Women's and Children's Hospital Blood Gas Lab

The Joint Commission Findings

(2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Women's and Children's hospital the fire wall on the 2nd floor at east exit stair had a penetration that was not properly sealed.

Observed in Building Tour at Centennial Medical Center Women's and Children's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Women's and Children's hospital the fire wall at the entrance to the OB ED, had a penetration that was not properly sealed.

Observed in Building Tour at Centennial Medical Center Women's and Children's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Women's and Children's hospital the fire wall at the Kids Express had a penetration that was not properly sealed.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.20

ESC 60 days

Standard Text: The hospital maintains the integrity of the means of egress.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

31. Exit signs are visible when the path to the exit is not readily apparent. Signs are adequately lit and have letters that are 4 or more inches high (or 6 inches high if externally lit). (For full text and any exceptions, refer to NFPA 101-2000: 7.10.1.2, 7.10.5, 7.10.6.1, and 7.10.7.1)



Scoring

Category : C
Score : Insufficient Compliance

32. The hospital meets all other Life Safety Code means of egress requirements related to NFPA 101-2000: 18/19.2.



Scoring

Category : C
Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 31

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Parthenon Pavilion an exit sign was missing in the locked courtyard,

and the exit to the public way was not readily apparent.

Observed in Building Tour at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that an exit sign was missing and the path to the exit from the penthouse corridor was not readily apparent in the Parthenon Pavilion building.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that an exit sign was missing in the kitchen. It was observed that the exit path was not readily apparent in the kitchen.

EP 32

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the 4th floor penthouse mechanical room of the Women's and Children's hospital did not have an approved exit in the event of a fire emergency. The room has an elevator and roof access but there is not exit off the roof.

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the 4th floor penthouse mechanical room of the Women's and Children's hospital did not have an approved exit in the event of a fire emergency. The room has an elevator and roof access but there is not exit off the roof.

The Joint Commission Findings

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.
During the building tour it was observed that the 4th floor penthouse mechanical room of the Women's and Children's hospital did not have an approved exit in the event of a fire emergency. The room has an elevator and roof access but there is not exit off the roof.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.30

ESC 60 days

Standard Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

11. Corridor doors are fitted with positive latching hardware, are arranged to restrict the movement of smoke, and are hinged so that they swing. The gap between meeting edges of door pairs is no wider than 1/8 inch, and undercuts are no larger than 1 inch. Roller latches are not acceptable.

Note: For existing doors, it is acceptable to use a device that keeps the door closed when a force of 5 foot-pounds are applied to the edge of the door. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.6.3.2, 18/19.3.6.3.1, and 7.2.1.4.1)



Scoring

Category : C

Score : Insufficient Compliance

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)



Scoring

Category : C

Score : Partial Compliance

Observation(s):

The Joint Commission Findings

EP 11

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/fbr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the corridor doors entering the emergency department suite did not latch properly.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Tower building of the 7th floor the corridor doors had greater than 1/8 gap between the door pairs

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Tower building of the 5th floor the corridor doors had greater than 1/8 gap between the door pairs

EP 18

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:
http://www.archives.gov/federal_register/code_of_federal_regulations/fbr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that smoke wall located in the Tower central sterile department and behind the sterilizers, had penetrations in the wall that were not properly sealed.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the smoke wall located at the security office of the Tower building had a penetration that was not properly sealed.

Chapter:	Life Safety
Program:	Hospital Accreditation

The Joint Commission Findings

Standard: LS.02.01.34

ESC 60 days

Standard Text: The hospital provides and maintains fire alarm systems.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

4. The hospital meets all other Life Safety Code fire alarm requirements related to NFPA 101-2000: 18/19.3.4.



Scoring

Category : C
Score : Partial Compliance

Observation(s):

EP 4

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101®2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the manual fire alarm pull station located in the security department was blocked with equipment.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed that the manual fire alarm pull station located in the pre-holding nurses station, was blocked with equipment.

Chapter: Life Safety

Program: Hospital Accreditation

Standard: LS.02.01.35

ESC 60 days

Standard Text: The hospital provides and maintains systems for extinguishing fires.

Primary Priority Focus Area: Physical Environment

Area:

The Joint Commission Findings

Element(s) of Performance:

4. Piping for approved automatic sprinkler systems is not used to support any other item. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.2)

**Scoring**

Category : C
Score : Insufficient Compliance

5. Sprinkler heads are not damaged and are free from corrosion, foreign materials, and paint. (For full text and any exceptions, refer to NFPA 25-1998: 2-2.1.1)

**Scoring**

Category : C
Score : Insufficient Compliance

14. The hospital meets all other Life Safety Code automatic extinguishing requirements related to NFPA 101-2000: 18/19.3.5.

**Scoring**

Category : C
Score : Partial Compliance

Observation(s):

The Joint Commission Findings

EP 4

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Parthenon Pavilion on the 4th floor the ceiling grid was tied to the sprinkler piping.

Observed in Building Tour at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the Parthenon Pavilion on the 4th floor the cables were tied to the sprinkler piping.

Observed in Building Tour at Centennial Medical Center Women's Hospital Blood Gas Lab (2221 Murphy Avenue, Nashville, TN) site for the Hospital deemed service.

During the building tour it was observed in the women's and children's hospital it was observed that the sprinkler piping was supporting bundles of cables above the ceiling in the kids express unit.

EP 5

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour of the penthouse mechanical room of the Tower building, it was observed that sprinkler head # 1 was not free from foreign materials.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour of the penthouse mechanical room of the Tower building, it was observed that sprinkler head # 2 was not free from foreign materials.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour of the penthouse mechanical room of the Tower building, it was observed that sprinkler head # 3 was not free from foreign materials.

The Joint Commission Findings

EP 14

§482.41(b)(1)(i) - (A-0710) - (i) The hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101@2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

It was noted that the housekeeper did not have a key to the locked fire extinguisher.

Observed in Building Tour at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During the building tour of the Tower building it was observed that the ceiling smoke barrier located in the central sterile department had penetrations due to missing escutcheon rings on the sprinkler heads. It was also observed that missing escutcheon rings on the sprinkler heads were identified in several other areas of the Tower building.

Chapter:	Medication Management
Program:	Hospital Accreditation
Standard:	MM.03.01.01
Standard Text:	The hospital safely stores medications.
Primary Priority Focus Area:	Medication Management

ESC 45 days

**The Joint Commission
Findings****Element(s) of Performance:**

2. The hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.

**Scoring**

Category : C
Score : Insufficient Compliance

7. All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.

**Scoring**

Category : C
Score : Insufficient Compliance

8. The hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.

**Scoring**

Category : C
Score : Partial Compliance

Observation(s):

The Joint Commission Findings

EP 2

Observed in Labor and Delivery room on 5th floor at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During an individual patient tracer and tour of the Labor and Delivery room on the 5th floor it was noted that a vial of Succinylcholine was being stored in a drawer in the anesthesia medication cart which was not refrigerated and was not dated with a date of when the medication was placed in the drawer. Manufacturer guidelines require that Succinylcholine may be stored up to 14 days without refrigeration; thus, one could not tell when the medication was placed in the drawer and when the medication should be discarded.

Observed in Labor and Delivery room on the 6th floor at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During an individual patient tracer and tour of the Labor and Delivery room on the 6th floor it was noted that a vial of Succinylcholine was being stored in a drawer in the anesthesia medication cart which was not refrigerated and was not dated with a date of when the medication was placed in the drawer. Manufacturer guidelines require that Succinylcholine may be stored up to 14 days without refrigeration; thus, one could not tell when the medication was placed in the drawer and when the medication should be discarded.

Observed in 8th floor Labor and Delivery Room at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During an individual patient tracer and tour of the Labor and Delivery room on the 8th floor it was noted that a vial of Succinylcholine was being stored in a drawer in the anesthesia medication cart which was not refrigerated and was not dated with a date of when the medication was placed in the drawer. Manufacturer guidelines require that Succinylcholine may be stored up to 14 days without refrigeration; thus, one could not tell when the medication was placed in the drawer and when the medication should be discarded.

Observed in Womens and Childrens OR at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During an individual patient tracer and tour of OR room #1 it was noted that a vial of Succinylcholine was being stored in a drawer in the anesthesia medication cart which was not refrigerated and was not dated with a date of when the medication was placed in the drawer. Manufacturer guidelines require that Succinylcholine may be stored up to 14 days without refrigeration; thus, one could not tell when the medication was placed in the drawer and when the medication should be discarded.

EP 7

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site.

It was noted that an open multidose vial of purified protein derivative was dated with the open date. This vial was not labeled with the revised expiration date.

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site.

It was noted that a multidose vial of Lantus was dated as opened on 10/24/13. The noted expiration date was 11/24/13, which is greater than 28 days beyond the date opened.

Observed in NICU Room 25 at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During an individual patient tracer a bag of sterile inhalation water was found attached to a ventilator in NICU room # 25. The bag of water had not been labeled with an expiration date. It was learned through interview with the staff respiratory therapist that all inhalation sterile water bags should be labeled with a 72 hour expiration date.

Observed in NICU Room #35 at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During an individual patient tracer a bag of sterile inhalation water was found attached to a ventilator in NICU room # 35. The bag of water had not been labeled with an expiration date. It was learned through interview with the staff respiratory therapist that all inhalation sterile water bags should be labeled with a 72 hour expiration date.

EP 8

§482.25(b)(3) - (A-0505) - (3) Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be

The Joint Commission Findings

available for patient use.

This Standard is NOT MET as evidenced by:

Observed in Labor and Delivery room 5th floor at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer two bags of Hespan IV that had expired in August of 2013 were found being stored in the anesthesia cart and available for patient use.

Observed in 8th floor Labor and Delivery room at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

During an individual patient tracer one vial of Epinephrine IV that had expired in October of 2013 were found being stored in the anesthesia cart and available for patient use

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: NPSG.01.01.01

ESC 45 days

Standard Text: Use at least two patient identifiers when providing care, treatment, and services.

Primary Priority Focus Patient Safety

Area:

Element(s) of Performance:

1. Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. The patient's room number or physical location is not used as an identifier. (See also MM.05.01.09, EPs 8 and 11; NPSG.01.03.01, EP 1)



Scoring

Category: C

Score: Insufficient Compliance

Observation(s):

EP 1

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site.

During a tour of the cafeteria and in discussion with staff, it was noted that the hospital did not have a process for the use of two patient identifiers when serving patients who were ordered a special diet.

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site.

During observation of an Electroconvulsive Treatment, it was noted that the patient was identified utilizing only the patient's name. Hospital policy stated that verification of patient identification will be validated with the patient prior to any treatment, procedure, or medication by the staff member asking patient to state his/her name and birth date with comparison to the patients' arm band.

Observed in Tracer Activities at Parthenon Pavilion (2401 Parman Street, Nashville, TN) site.

During observation of a second Electroconvulsive Treatment, it was noted that the patient was identified utilizing only the patient's name.

Chapter: National Patient Safety Goals

Program: Hospital Accreditation

Standard: UP.01.03.01

ESC 60 days

The Joint Commission Findings

Standard Text: A time-out is performed before the procedure.

Primary Priority Focus Patient Safety

Area:

Element(s) of Performance:

2. The time-out has the following characteristics:

- It is standardized, as defined by the hospital.
- It is initiated by a designated member of the team.
- It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.



Scoring

Category : A
Score : Insufficient Compliance

Observation(s):

EP 2

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site. A time out was observed in the inpatient endoscopy unit. It was noted that during this time out, the physician did not suspend activities to the extent possible so that she could focus on active confirmation of the patient, site, and procedure.

Chapter: Provision of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: PC.03.05.05

ESC 45 days

Standard Text: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital initiates restraint or seclusion based on an individual order.

Primary Priority Focus Assessment and Care/Services

Area:

Element(s) of Performance:

6. For hospitals that use Joint Commission accreditation for deemed status purposes: Orders for restraint used to protect the physical safety of the nonviolent or non-self-destructive patient are renewed in accordance with hospital policy.



Scoring

Category : A
Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 6

§482.13(e)(8)(iii) - (A-0173) - [Unless superseded by State law that is more restrictive -]

(iii) Each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient may be renewed as authorized by hospital policy.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

The patient was ordered restraints on 11/2/13 at 2055 for a time period not to exceed 24 hours. The order for restraints was renewed on 11/3/13 at 2236; therefore were renewed after the order had expired.

Chapter:	Provision of Care, Treatment, and Services
Program:	Hospital Accreditation
Standard:	PC.03.05.11
Standard Text:	For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital evaluates and reevaluates the patient who is restrained or secluded.
Primary Priority Focus Area:	Assessment and Care/Services

ESC 45 days

The Joint Commission Findings

Element(s) of Performance:

1. For hospitals that use Joint Commission accreditation for deemed status purposes: A physician, clinical psychologist, or other licensed independent practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse or a physician assistant may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP.3.

Note 1: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance.

Note 2: The definition of 'physician' is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).



Scoring

Category :

A

Score :

Insufficient Compliance

3. For hospitals that use Joint Commission accreditation for deemed status purposes: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following:

- An evaluation of the patient's immediate situation
- The patient's reaction to the intervention
- The patient's medical and behavioral condition
- The need to continue or terminate the restraint or seclusion



Scoring

Category :

A

Score :

Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 1

§482.13(e)(14) - (A-0182) - (14) If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) as soon as possible after the completion of the 1 hour face-to-face evaluation.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Parthenon Pavillion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

The evaluation of the patient placed in seclusion for management of violent behavior was not signed, dated or timed. Therefore, it was not discernable that this had been completed by a licensed independent practitioner or that it had been completed within one hour of the initiation of seclusion.

EP 3

§482.13(e)(12)(ii)(C) - (A-0179) - (C) The patient's medical and behavioral condition; and

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at Parthenon Pavillion (2401 Parman Street, Nashville, TN) site for the Hospital deemed service.

In review of the record of care of a patient placed in seclusion, it was noted that the one hour face to face assessment did not include the patient's reaction to the intervention, the patient's medical condition or the need to continue the seclusion.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

In review of the record of care, it was noted that the in-person evaluation, conducted within one hour of seclusion for the management of violent behavior read: "patient agitated, nondirectable" This evaluation did not include the patient's reaction to the intervention, the patient's medical and behavioral condition, or the need to continue or terminate the restraint or seclusion.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

In review of the record of care, it was noted that the in-person evaluation, conducted within one hour of seclusion for the management of violent behavior read: "combative, danger to self & others, not following direction, psychotic" This evaluation did not include the patient's reaction to the intervention, the patient's medical condition, or the need to continue or terminate the restraint or seclusion.

Chapter: Record of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: RC.01.01.01 ESC 60 days
Standard Text: The hospital maintains complete and accurate medical records for each individual patient.
Primary Priority Focus Area: Information Management
Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes: All entries in the medical record, including all orders, are timed.



Scoring

Category : C
Score : Insufficient Compliance

Observation(s):

Organization Identification Number: 7888

Page 43 of 48

The Joint Commission Findings

EP 19

§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

In review of the record of care, it was noted that the post anesthesia assessment was not timed.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

While tracing a patient, entries in the record were noted to be untimed.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

While tracing another patient, it was noted that there were untimed entries.

Chapter: Record of Care, Treatment, and Services

Program: Hospital Accreditation

Standard: RC:02.01.03

ESC 45 days

Standard Text: The patient's medical record documents operative or other high-risk procedures and the use of moderate or deep sedation or anesthesia.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

6. The operative or other high-risk procedure report includes the following information:

- The name(s) of the licensed independent practitioner(s) who performed the procedure and his or her assistant(s)
- The name of the procedure performed
- A description of the procedure
- Findings of the procedure
- Any estimated blood loss
- Any specimen(s) removed
- The postoperative diagnosis



Scoring

Category :

C

Score :

Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 6

§482.51(b)(6) - (A-0959) - (6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.

This Standard is NOT MET as evidenced by:

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

While tracing a patient who had open-heart surgery, it was noted that the practitioner failed to mention estimated blood loss in the operative report.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

While tracing a patient who had a cardiac catheterization, it was noted that the practitioner failed to document estimated blood loss in the procedure report.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site for the Hospital deemed service.

While tracing a patient in the CVICU, it was noted that the practitioner failed to document estimated blood loss in the operative report.

Chapter: Rights and Responsibilities of the Individual

Program: Hospital Accreditation

Standard: RI.01.03.01

ESC 60 days

Standard Text: The hospital honors the patient's right to give or withhold informed consent.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

13. Informed consent is obtained in accordance with the hospital's policy and processes and, except in emergencies, prior to surgery.
(See also RC.02.01.01, EP 4)

**Scoring**

Category : C
Score : Partial Compliance

Observation(s):**EP 13**

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During tracer activities multiple completed patient informed blood consent forms were found with one licensed personnel's signature. Hospital policy requires that when informed consent is obtained two licensed personnel must document witnessing of the informed consent.

Observed in Tracer Activities at TriStar Centennial Medical Center (2300 Patterson Street, Nashville, TN) site.

During tracer activities multiple completed patient informed consent forms for surgeries were found with one licensed personnel's signature. Hospital policy requires that when informed consent is obtained two licensed personnel must document witnessing of the informed consent.

Chapter: Environment of Care

Program: Critical Access Hospital Accreditation

Standard: EC.02.05.09

ESC 45 days

The Joint Commission Findings

Standard Text:

The critical access hospital inspects, tests, and maintains medical gas and vacuum systems.

Note: This standard does not require critical access hospitals to have the medical gas and vacuum systems discussed below. However, if a critical access hospital has these types of systems, then the following inspection, testing, and maintenance requirements apply.

Primary Priority Focus

Physical Environment

Area:**Element(s) of Performance:**

1. In time frames defined by the critical access hospital, the critical access hospital inspects, tests, and maintains critical components of piped medical gas systems, including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. These activities are documented. (See also EC.02.05.01, EP 3)

**Scoring****Category :**

A

Score :

Insufficient Compliance

3. The critical access hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control.

**Scoring****Category :**

A

Score :

Insufficient Compliance

Observation(s):**EP 1**

§485.623(b)(1) - (C-0222) - (1) All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition;

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Ashland City Medical Center (313 North Main Street, Ashland City, TN) site for the Critical Access Hospital – Acute deemed service.

During the building tour and staff discussion it was observed at the Ashland City hospital, that the hospital did not maintain the medical gas system as required by the NFPA. It was observed that the medical gas master alarm panel was not continuously monitored by staff as required. It was observed that the medical gas master alarm panel was installed in the corridor near the nurses station but not within view of the nurses station. It was also observed and confirmed with staff that the nurses station is not occupied by staff at all times, and therefore the master alarm panel could not be continuously monitored as required.

EP 3

Observed in Building Tour at TriStar Ashland City Medical Center (313 North Main Street, Ashland City, TN) site.

During the building tour it was observed that the oxygen source shut off valve located at the bulk oxygen tank was not labeled.

Observed in Building Tour at TriStar Ashland City Medical Center (313 North Main Street, Ashland City, TN) site.

During the building tour it was observed that the medical gas zone shut off valve located in the endoscopy was not labeled to the areas it served.

The Joint Commission Findings

Chapter: Life Safety

Program: Critical Access Hospital Accreditation

Standard: LS.02.01.10

ESC 48 days

Standard Text: Building and fire protection features are designed and maintained to minimize the effects of fire, smoke, and heat.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

1. Buildings meet requirements for height and construction type in accordance with NFPA 101-2000: 18/19.1.6.2.



Scoring

Category : A

Score : Insufficient Compliance

4. Openings in 2-hour fire-rated walls are fire rated for 1 1/2 hours. (See also LS.02.01.20, EP 3; LS.02.01.30, EP 1) (For full text and any exceptions, refer to NFPA 101-2000: 8.2.3.2.3.1)



Scoring

Category : A

Score : Insufficient Compliance

Observation(s):

The Joint Commission Findings

EP 1

§485.623(d)(1) - (C-0231) - (1) Except as otherwise provided in this section, the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and at the Office of the Federal Register, 800 North Capital Street NW, Suite 700, Washington, DC. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to a CAH.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Ashland City Medical Center (313 North Main Street, Ashland City, TN) site for the Critical Access Hospital – Acute deemed service.

During the building tour it was observed on the 1st floor that there was no fire proofing material located above the ceiling on the beams of the deck of the 2nd floor.

Observed in Building Tour at TriStar Ashland City Medical Center (313 North Main Street, Ashland City, TN) site for the Critical Access Hospital – Acute deemed service.

During the building tour it was observed on the 2nd floor that there was no fire proofing material located above the ceiling on the beams of the deck of the 3rd floor.

EP 4

§485.623(d)(1) - (C-0231) - (1) Except as otherwise provided in this section, the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, Issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD and at the Office of the Federal Register, 800 North Capital Street NW, Suite 700, Washington, DC. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes. Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to a CAH.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at TriStar Ashland City Medical Center (313 North Main Street, Ashland City, TN) site for the Critical Access Hospital – Acute deemed service.

During the building tour it was observed that the rating of the fire door located at the 3rd floor north exit stair could not be verified due to the missing rating label.

During the building tour it was observed that the rating of the fire door located at the 2nd floor north exit stair could not be verified due to the missing rating label.

SUPPORT LETTERS

Supplemental #1 -COPY-

TriStar Centennial Medical
Center

CN1602-008

February 19, 2016**3:42 pm****DSG** Development Support Group

February 18, 2016

Jeff Grimm, HSD Examiner
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: CON Application #1602-008
TriStar Centennial Medical Center--Acquisition of Cardiac MRI

Dear Mr. Grimm:

This letter responds to your recent request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

1. Section A, Applicant Profile, Item 9 (Bed Complement Table)

The table is noted. HSDA staff understands the proposed project for the addition of a 4th MRI unit at the hospital will not change the hospital's licensed bed complement.

Regarding the 29 beds in the "CON Approved Beds (not yet in service)" column, it appears these were approved in CN1407-032A at the October 22, 2014 Agency Meeting and the CON was appealed. The last update from legal counsel for the applicant, Mr. Jerry Taylor, advised that the CON was pending hearing by an Administrative Law Judge. Please provide an overview of developments from June 2015—present.

The trial was held on December 7-10, 2015. Proposed Findings of Fact and Conclusions of Law from each of the parties are due to be filed not later than March 4, 2016. A decision from the Administrative Law Judge is expected within 60 days of that submittal.

2. Section A, Applicant Profile, Item 13 and Section C, Economic Feasibility, Item 6.B

As an existing, CON-approved MRI service, are the licensed radiologists that provide professional imaging interpretation services under arrangement with Tri-Centennial Medical Center (CMC) Medicare and Medicaid provider certified? Do they hold provider contracts with the same TennCare MCO plans as the applicant? Please briefly discuss the arrangements in this regard.

February 19, 2016**3:42 pm**

Page Two
February 18, 2016

Yes, all of the radiologists on the list in the Attachments participate in Medicare and are contracted with the same four TennCare MCO plans that the applicant listed on page 4 of the application, according to their practice manager.

3. Section B, Project Description, Item II (Executive Summary)

HSDA Equipment Registry records reflect the applicant has three existing registered MRI units. However, review of HSDA approved Certificate of Need projects show approval for a fourth MRI unit at the hospital in CN0412-118A. Discussion with the HSDA Equipment Registry coordinator, Alecia Craighead, Stat III, indicates that HSDA was advised in December 2006 that the hospital had placed 1 of its 4 MRI units in storage. Additionally, she has documented that all 4 MRI units have been replaced over the years. Based on the applicant's CON history for MRI, please provide a brief description that offers some background about the changes leading to the hospital's use of only 3 of 4 CON approved MRI units.

CMC's December 2004 CON application for a fourth MRI was approved to replace the low-field-strength open MRI in the Outpatient Center with a high-field strength short bore MRI. The application stated that when the project was implemented, the open MRI would be moved into the Imaging Department of the hospital, where it would operate only 2 hours per day, giving CMC in effect 3.25 MRI units. However, when the new high-field MRI was installed in the Outpatient Center, there was enough MRI capacity in the Imaging Department to meet patient needs without incurring the expense of moving the open MRI there. So the decision was made to store the open MRI with J&M Trading, Inc. in Goodlettsville. J&M notified TCMC in May 2007 that it could not continue to store the unit. TCMC then used the unit as part of its trade-in with Siemens in a 2008 MRI replacement. Please see paperwork on that at the end of this letter.

4. Section B, Project Description, Item II.A and Item II.E and Section C, Economic Feasibility, Item 1 (Project Cost Chart)

a. Item II.A

Review of the floor plan in the application appears to indicate that the MRI service located in the imaging department on the 1st floor of the hospital may be used for both inpatients and outpatients. As such, please briefly describe the arrangements for use of common areas by the MRI service such as areas used for reception, patient waiting, clinical support activities, etc.

February 19, 2016**3:42 pm**

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February 18, 2016

Adult outpatients will come to the main Imaging Reception Area on the first floor of the hospital Tower, for registration and to wait for their appointment. At the right time, an MRI tech will take them back into the Imaging Department on that same floor, where they will use a dressing area to "gown" for their procedures. They will then be screened privately (an interview process) for metal in their bodies, in a dedicated screening room. Upon clearance, they will be taken into an MRI procedure room. If sedation or a contrast medium is needed, it will be administered in the procedure room. Un-sedated adults will return with an attendant to the dressing room, dress, and leave through the same Reception area where they first arrived. Sedated patients and others needing longer recovery time will recover in a post-anesthesia care unit before being walked out through the waiting area. Pediatric outpatients will have a similar process, but because of frequent sedation needs they will wait for their procedures on stretchers outside the screening room. Sedated pediatric patients will also recover in a post anesthesia care unit (separate from recovering adults) before being taken back to the lobby.

b. Item II.E and Project Cost Chart—

The expected costs for the MRI unit and 5-year contracted maintenance/service agreement are noted. Review of the vendor quote revealed the following:

Purchase cost of 1.5 Tesla Siemens Magnetom unit - \$1,837,322, including taxes, shipping and rigging

Purchase of a Chiller (\$38,000) and Power Conditioner (\$41,000) are also included in the \$1,837,322 total price of the Siemens MRI unit.

5-year Service Cost of 1.5 Tesla unit - \$111,589/year (\$557,945 total)

5-year service cost for Powerware and Chiller - \$17,601/year (\$88,005 total)

Review of the Project Cost Chart on page 45 of the application revealed \$1,838,000 in Line A.7 and \$557,945 in line A.9. As a result, it appears the amount of the 5-year service agreement cost for the Chiller and Power Conditioner (\$88,005 combined cost) is missing from the Line A.9 of the Project Cost Chart. Should the \$88,005 cost of the 5-year warranty for the Chiller and Power Conditioner be included? If so, please revise the Project Costs Chart and submit as replacement page 45-R. If not, please describe the arrangements the applicant will make to maintain the unit by not electing to cover the items under warranty.

February 19, 2016**3:42 pm**

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February 18, 2016

This was an oversight. CMC will be signing both optional service agreements for the chiller and the Power Conditioner.

Please note that this increases the estimated project cost from \$3,040,114 to \$3,128,317. It is necessary to amend several pages of the application. Revised pages 6R, 9R, 19R, 45R, and 46R are attached following this page. A supplemental filing fee is included with this response letter.

c. Additional MRI Equipment Overview

It would also be helpful to include the following additional information for the proposed MRI unit:

Date of manufacture--The unit will be new. The applicant expects that its manufacture date will be early 2016.

If refurbished, years of operation and remaining useful life--Not applicable.

5. Section C, Need, Item 3 and Item 4.a

Item 3 – The 9-county primary service area is noted. Wilson County has been added to the service area since CN0412-118A for the acquisition of a 4th MRI unit was approved. Please briefly describe developments leading to same.

The hospital's MRI service area in that application was defined a decade ago by patient origin data current at that time. The primary service area was also defined differently, as the eight service area counties that were contributing 68.8% of MRI referrals. A secondary service area was also identified in that application.

In this current application, the applicant is following more recent guidance from the HSDA staff to define primary service areas closer to 80% of total patient origin. Wilson County's inclusion in the service area of this project brings the defined primary service area referrals to 80.9% of total MRI referrals.

February 19, 2016**3:42 pm**

TriStarHealth.com

110 Winners Circle, First Floor
Brentwood, TN 37027
(615) 886-4900

February 19, 2016

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building, 9th Floor
500 Deaderick Street
Nashville, Tennessee 37243

RE: TriStar Centennial Medical Center MRI Acquisition

Dear Mrs. Hill:

TriStar Centennial Medical Center is applying for a Certificate of Need to add a second MRI unit with cardiac imaging capability.

As Chief Financial Officer (or Controller) of the TriStar Health System, the HCA Division Office to which this facility belongs, I am writing to confirm that HCA Holdings, Inc. will provide through TriStar the approximately \$2,483,000 in capital funding required to implement this project. HCA Holdings, Inc.'s financial statements are provided in the application.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Eric Lawson".

C. Eric Lawson
Chief Financial Officer

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Please complete the table below showing patient origin in 2012-2014 with volumes by residents of the 9-county primary service area (PSA).

Use of Applicant's MRI Service by Residents of 9-County PSA

Year	Resident MRI Procedures At CMC	Resident MRI Procedures at all Other MRI Providers in PSA	Resident MRI Procedures at All Other Providers in TN	Total Resident Procedures at all Provider Sites in TN
2012	6,041	142,651	966	149,658
2013	6,721	142,441	1,133	150,295
2014	6,793	146,903	1,122	154,818

Source: HSDA Registry reports

6. Section C, Need. Item 5 (Historical Utilization in PSA)

The excerpt of the MRI provider inventory and utilization data from the HSDA Equipment Registry is appreciated. Please provide a snapshot of provider MRI utilization trends in the 9-County PSA using the table below.

MRI Provider Summary, Applicant's 6-County PSA

County	#Units by Provider Type*	2012 Scans	2013 Scans	2014 Scans	% Change '12-'14
Cheatham					
Davidson					
Dickson					
Montgomery					
Robertson					
Rutherford					
Sumner					
Williamson					
Wilson					
Total					

*Legend: H (hospital); HOPD (hospital outpatient department); ODC (outpatient diagnostic center); PO (private medical practice)

Please see the table following this page.

SUPPLEMENTAL #1**February 19, 2016****3:42 pm**

TRISTAR CENTENNIAL MEDICAL CENTER CARDIAC MRI APPLICATION-CN#1602-008 SUPPLEMENTAL TABLE MRI PROVIDER SUMMARY APPLICANT'S 9-COUNTY PRIMARY SERVICE AREA						
PSA County	Type of MRI Provider	Units By Provider Type 2014	2012 Scans	2013 Scans	2014 Scans	% Change 2012-2014
Cheatham						
	Hospital Based	0.4				
	ODC	0				
	Private Medical Practice	0				
	County Total Units	0.4	375	303	298	-20.5%
Davidson						
	Hospital Based	18.5				
	ODC	19.5				
	Private Medical Practice	9				
	County Total Units	47	128,171	130,592	134,373	4.8%
Dickson						
	Hospital Based	2				
	ODC	0				
	Private Medical Practice	1				
	County Total Units	3	3,372	4,068	4,731	40.3%
Montgomery						
	Hospital Based	2				
	ODC	1				
	Private Medical Practice	3				
	County Total Units	6	13,831	13,430	11,537	-16.6%
Robertson						
	Hospital Based	1				
	ODC	0				
	Private Medical Practice	0				
	County Total Units	1	2,780	3,232	3,407	22.6%
Rutherford						
	Hospital Based	3				
	ODC	4				
	Private Medical Practice	2				
	County Total Units	9	20,118	22,863	25,300	25.8%
Sumner						
	Hospital Based	4.2				
	ODC	0				
	Private Medical Practice	1				
	County Total Units	5.2	9,748	10,259	10,512	7.8%
Williamson						
	Hospital Based	1				
	ODC	3				
	Private Medical Practice	1				
	County Total Units	5	14,373	14,549	14,008	-2.5%
Wilson						
	Hospital Based	1				
	ODC	0				
	Private Medical Practice	4				
	County Total Units	5	7,881	7,772	8,073	2.4%
Primary Service Area Total						
	Hospital Based	33.1				
	ODC	27.5				
	Private Medical Practice	21				
	County Total Units, 2014	81.6	200,649	207,068	212,239	5.8%

Source: HSDA Registry 2-18-16

February 19, 2016**3:42 pm**

Page Six

February 18, 2016

7. Section C, Economic Feasibility, Items 1 (Project Costs Chart)

As noted previously, please confirm whether or not a 5-year maintenance cost for the Chiller and Power Conditioner in the amount of approximately \$88,000 should be included in a revised Project Costs Chart.

Please see the response to your question # 4 above.

8. Section C, Economic Feasibility, Item 2 (Funding)

Review of the 02/08/2015 CFO letter indicated approximately \$2.5 million will be needed to support the project. However, it is not clear whether this will be provided from cash reserves of Centennial Medical Center or a cash transfer from HCA Holdings. Please clarify.

If funding support is to be provided by cash reserves and operating income of the hospital, review of the financial statements revealed that amounts in cash reserves and net income for the 12-month period ending December 2015 may not be sufficient to support the \$2.5 million out of pocket needs of the project. Please clarify.

The applicant hospital will have the funds to implement the project. However, funding for HCA capital projects of this size does originate from HCA Holdings, Inc., which typically transfers cash through its Division offices to those of its hospitals, who are approved to manage and pay for development of projects. This is one such project.

To clarify the corporate intention to transfer that funding, revisions have been made to pages 6R, 9R, and 46R, and to the funding letter from HCA. The revisions are attached as part of the response to your question #4 above.

Page Seven
February 18, 2016

9. Section C., Economic Feasibility, Item 6.a.

Please also include a comparison to HSDA Equipment Registry MRI range of charges in the response to this question (1st Quartile, Median, 3rd Quartile).

Gross Charges Per Procedure or Treatment By Quartile, CY2014			
Equipment Type	1st Quartile	Median	3rd Quartile
MRI	\$1,632.60	\$2,229.43	\$3,677.84

Source: HSDA Registry, 8-10-15

The applicant's MRI average gross charge per procedure in CY2014 was \$5,704, higher than the Statewide 3rd Quartile average.

10. Section C, Orderly Development, Item 3

What arrangements are planned for MRI imaging interpretation services by Tennessee licensed radiologist? In your response, please also identify the fulltime equivalent (FTE) value of same.

All MRI studies performed on this cardiac MRI will be interpreted at the hospital by Board-certified radiologists (and cardiologists) licensed in Tennessee. The proposed MRI unit is projected to perform 2,696 and 2,830 procedures in Years One and Two respectively. Management estimates that this will require approximately 0.43 and 0.45 FTE's of physician interpretation time, respectively. Interpretations take from 10 minutes to 45 minutes or more, depending on complexity. The hospital and medical staff think that 20 minutes can be assumed to be the average time for purposes of this FTE calculation.

2,696 procedures X 20 min. av'ge time / 60 min. per hour / 2,080 hrs per year = 0.43 FTE's
2,830 procedures X 20 min. av'ge time / 60 min. per hour / 2,080 hrs per year = 0.45 FTE's

11. Support Letters

Although a cover page was included, no support letters were attached to the application. Please clarify the applicant's plans in this regard.

SUPPLEMENTAL #1**February 19, 2016****3:42 pm**

Page Eight
February 18, 2016

That divider page in the Attachments was included by mistake. The applicant does not need support letters for this type of project, unless requested by HSDA staff.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

A handwritten signature in black ink that reads "John Wellborn". The signature is written in a cursive, flowing style.

John Wellborn
Consultant

SUPPLEMENTAL #1**February 19, 2016**

409 Space Park North
Goodlettsville, TN 37072
3:42 pm
(615) 870-1101
(615) 851-1842 FAX

.....

J & M Trading, Inc.

May23, 2007

R. Wayne Reid, RT(R,N)ARRT
Administrative Director,
Medical Imaging and Radiation Therapy
2300 Patterson Street,
Nashville, TN 37023
Phone 615-342-3703
Fax 615-342-4974
Wayne.Reid@HCAHealthcare.com

Dear Wayne:

This letter is inform you that the J&M Trading can no longer lease you space to store the GE MRI that has been located at 401 Space North, Goodlettsville, TN since 6/05. The System needs to be removed no later than 6/30/07.

Sincerely,

Jack Shade
General Manager
Date: 5/23/07

February 19, 2010 9493-02

MAGNETIC RESONANCE TRADE-IN SPEC SHEET

DATE 9-19-08

[NOTE: Use the TAB key; not the return key]

Siemens Rep Andy Brown	Site Name Centennial Medical Center	State Location TN
Order Status <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> >60% <input type="checkbox"/> Order Awarded	Elevate Program <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of new system Magnetom Verio
Date for de-install OCT 08	Is trade-in on a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Siemens Lease <input type="checkbox"/> Other <input type="checkbox"/>

SYSTEM INFORMATION

Manufacturer GE	Model Ovation	Year of Manufacturer 2001
Magnet Type	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Resistive <input type="checkbox"/> Super-conductive <input type="checkbox"/> Dual Cryo <input type="checkbox"/> Single Cryo	
Magnet Design	<input type="checkbox"/> Short Bore <input type="checkbox"/> Medium Bore <input type="checkbox"/> Long Bore <input type="checkbox"/> C-shaped <input checked="" type="checkbox"/> Open	
<input checked="" type="checkbox"/> Original Config <input type="checkbox"/> Upgrade Install date	Shielding <input type="checkbox"/> Active <input checked="" type="checkbox"/> Passive <input type="checkbox"/> External Magnetic <input type="checkbox"/> Full	
Magnet Model (i.e. Oxford 40, S1)	Field Strength <input type="checkbox"/> .2T <input checked="" type="checkbox"/> .35T <input type="checkbox"/> .5T <input type="checkbox"/> 1.0T <input type="checkbox"/> 1.5T <input type="checkbox"/> 3.0T	
If Siemens system, site ID# System S/N	Gradient strength If 3.0T <input type="checkbox"/> research <input type="checkbox"/> clinical	
Gradient overdrive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Software Options: <input checked="" type="checkbox"/> FSE <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> MRA <input type="checkbox"/> EPI <input type="checkbox"/> Phased Array	
Software Level	<input type="checkbox"/> 3D <input type="checkbox"/> Diffusion <input type="checkbox"/> Neuro <input type="checkbox"/> Perfusion <input type="checkbox"/> Spect Other	
	Software loaded on <input checked="" type="checkbox"/> operator's console <input type="checkbox"/> workstation <input type="checkbox"/> both	

Equipment Included with Trade-in

Neck Coil <input type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>	Shoulder Coil <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>
Head Coil <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>	Wrist Coil <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>
Spine Coil <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input checked="" type="checkbox"/>	Neurovascular Coil <input type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>
Torso Coil <input type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>	Extremity Coil <input type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>
Knee Coil <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Phased Array <input type="checkbox"/>	Flex Coil <input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg <input type="checkbox"/> xlg Phased Array <input type="checkbox"/>
Any additional coils	Patient Monitor <input type="checkbox"/> Yes <input type="checkbox"/> No Type
Workstation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type	Satellite Console <input type="checkbox"/> Yes <input type="checkbox"/> No Type
Chiller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Roof mounted <input type="checkbox"/> Yes <input type="checkbox"/> No	UPS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type Laser Printer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type
Injector <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Stereo <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Mobile or Fixed? Fixed If mobile complete Mobile Trade-in Spec Sheet

CONDITION (Cryogen must be at least 75% upon time of de-install) Manuals & S/W disks must be present at time of de-install

In good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, explain Machine in storage - Not currently operational
Currently under service contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cosmetic appearance <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

DE-INSTALL INFORMATION:

Must be a clear path out; all construction required is responsibility of customer/site	<input checked="" type="checkbox"/> Normal work hours 8am - 5pm M-F <input type="checkbox"/> Weekend, after hrs, holidays
Is construction required for new system <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Floor # Room # PM Name
	Rigging requirements: <input type="checkbox"/> crane needed, if so what size
	<input type="checkbox"/> Roof hatch <input type="checkbox"/> Shoring Other:
Is the magnet being rigged out at the same time as the electronics? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Dealer Name	\$ BID Date

ALL BIDS ARE TO BE VALID FOR 60 DAYS

07/11/2007

Acct Executives email form to MED CSG Siemens Resale Services.

Broker email form with bid to ssg.siemensresaleservices.med@siemens.com

The undersigned, being an authorized representative of _____, certifies that the foregoing is a true and accurate representation of the system being traded-in, and that the system is in good working condition unless otherwise noted. The undersigned also certifies that the system is free of all liens and encumbrances including, but not limited to, unpaid leases and loans. If upon inspection by Siemens, it is determined that the system does not meet manufacturer's operating specifications, or if any items listed above are not made available at the time of de-installation, then the trade-in value will be decreased accordingly. Also, if the de-installation of the trade-in system is delayed by the undersigned for reasons other than a force majeure event, the trade-in value will be re-evaluated and any loss in value and/or additional costs incurred by Siemens shall be deducted from the established trade-in value. It is the undersigned's responsibility to vacate the room of all items not listed herein prior to the start of the de-installation. If this is not done, Siemens will have no liability for items which are subsequently removed or scrapped.

The undersigned further acknowledges and agrees that (i) it is the undersigned's sole responsibility to delete all protected health information and any other confidential information from the system prior to de-installation, without damaging or cannibalizing the system or otherwise affecting the operation of the system in accordance with its specifications, (ii) the system, including all updates, upgrades, modifications, enhancements, revisions, software and manuals, shall be returned to Siemens in good operating condition, reasonable wear and tear excepted, and (iii) the undersigned shall indemnify and hold Siemens harmless from and against any and all claims, demands, causes of action, damages, liability, costs and expenses (including reasonable attorney's fees) resulting or arising from the undersigned's failure to comply with its obligations hereunder.

Customer Name: _____

Printed Name and Title: _____

Authorized Signature: _____

Date: _____

SUPPLEMENTAL #1**February 19, 2016****3:42 pm****SIEMENS****Siemens Medical Solutions USA, Inc.**

51 Valley Stream Parkway, Malvern PA 19355

CENTENNIAL MEDICAL CENTER2300 PATTERSON ST
NASHVILLE, TN 37203**PROPOSAL REFERENCE**

Proposal: 1-ANBMLT Date: 9/19/2008

RELEVANT Items for Quote #1-ANO325 Revision 11 (Included in Contract Total)

Qty	Part #	Description	Extended Net Price
1	MR_EXTEND_WARRANT	Additional 6 month warranty FMV @ \$60,000	
1	MR_PR_CC_NGPO75	Non-GPO CC Credit FMV\$75K	
1	MR_TRADE_IN_ALLOW	Trade-in of existing GE LX (S3 Magnet), as per project 9493-01, @ - \$10,000	
1	MR_TRADE_IN_ALLOW	Trade-in of existing GE Ovation as per project 9493-02, @ -\$1,000	
1	MR_BUDG_ADDL_RIG	Budgetary Add'l/Out of Scope Rigging @ \$6,320	

Quote #1-ANO325 Extended Total: \$1,551,600

ACCEPTANCE ON FIRST PAGE INCLUDES ALL FOLLOWING PAGES AS SPECIFIED ABOVE

February 19, 2016

3:42 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

TRISTAR CENTENNIAL MEDICAL CENTER - MKC

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

John Wellborn
Signature/Title
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 19th day of February, 2016,
witness my hand at office in the County of DAVIDSON, State of Tennessee.

[Signature]
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02




LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Davidson County, Tennessee, on or before February 10th, 2016, for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that TriStar Centennial Medical Center, a hospital, owned and managed by HCA Health Services of Tennessee, Inc., a corporation, intends to file an application for a Certificate of Need to acquire and operate a fourth magnetic resonance imaging ("MRI") unit at its main hospital facility at 2300 Patterson Street, Nashville, TN 37203, at a capital cost estimated at \$3,100,000.

Centennial is currently licensed as a 657-bed acute care hospital by the Board for Licensing Health Care Facilities. The project does not contain any type of major medical equipment other than the MRI; it does not initiate or discontinue any health service; and it will not affect the hospital's licensed bed complement.

The anticipated date of filing the application is on or before February 12, 2016. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

	2-8-16	jwdsg@comcast.net
(Signature)	(Date)	(E-mail Address)

**CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954**

DATE: April 30, 2016

APPLICANT: TriStar Centennial Medical Center
2300 Patterson Street
Nashville, Tennessee 1602-008

CONTACT PERSON: John Wellborn
Development Support Group
4219 Hillsboro Road, Suite 210
Nashville, Tennessee 37215

COST: \$3,128,317

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

TriStar Centennial Medical Center seeks Certificate of Need (CON) approval for the acquisition of a fourth Magnetic Resonance Imaging (MRI) unit for its hospital campus located at 2300 Patterson Street, Nashville, TN. This fourth unit will be located in the main hospital tower along with two other units. There is a third unit operating in an outpatient imaging center located on the hospital campus.

TriStar Centennial Medical Center is wholly owned by HCA Health Services of Tennessee, Inc. HCA Health Services of Tennessee, Inc., the applicant of this CON project, is owned by HCA Holdings, Inc. headquartered in Nashville, TN. This project will require the renovation of existing space in the Imaging Department on the first floor of the inpatient tower and include the relocation of film reading rooms to accommodate the MRI unit.

The project square footage is 1364 SF at a construction cost of \$396 per SF. The project cost is estimated at \$3,128,317 and will be fully funded by HCA Holdings, Inc., by means of a cash grant to the hospital. According to the applicant, TriStar Centennial has ample cash reserves, a positive cash flow and operating margin. A letter from the Chief Financial Officer confirming the financial arrangement is included in Supplemental #1.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

NEED:

The applicant's service area will consist of nine counties, Cheatham, Davidson, Dickson, Montgomery, Robertson, Rutherford, Sumner, Williamson, and Wilson. The four year projected population change is outlined in the following table.

Service Area Total Population 2016 and 2020

County	2016 Population	2020 Population	% of Increase/ (Decrease)
Cheatham	40,798	41,692	2.2%
Davidson	680,427	714,756	5.0%
Dickson	53,684	56,210	4.7%
Montgomery	201,598	221,620	9.9%
Robertson	73,796	78,659	6.6%
Rutherford	318,638	357,615	12.2%
Sumner	178,730	190,261	6.5%
Williamson	215,859	237,832	8.8%
Wilson	129,094	138,561	7.3%
Total	1,892,624	2,037,206	7.6%

Tennessee Department of Health, Division of Policy, Planning, and Assessment-Office of Health Statistics, 2020, *Tennessee Population Projections 2000-2020, Revision June 2013, Revision*

TriStar Centennial Medical Center is a 657 bed acute care hospital located in downtown Nashville, and is a tertiary care facility for referrals from Middle Tennessee and southern Kentucky. The applicant currently operates three MRI units. Two units, a 3.0T and a 1.5T unit, are on the main hospital campus, and the third unit is located at an on campus outpatient diagnostic center. This project will increase the applicant's MRI capacity from three MRI units to four units. For the forth unit, the applicant proposes to acquire a Siemens 1.5T MRI with cardiac imaging capabilities.

The MRI exams interpretations are performed by Radiology Alliance, consisting of 29 Board-certified radiologists with privileges to practice at TriStar Centennial. There are radiologists in the medical imaging department at all times when MRI imaging is performed and on-call for emergent patient care issues.

Inpatients are scheduled for MRI exams on 14.5 hour shifts Monday –Friday, and on 10 hour shifts Saturday and Sunday. Outpatients are scheduled Monday – Friday on 8.5 hour shifts. The two MRI units in the Imaging Department serve both inpatients and outpatients, with the Outpatient Imaging Center only serving outpatients.

The agency application review reveals that in 2004, Centennial was approved for a fourth MRI unit with CON 0412-118A. The applicant explains in Supplemental 1 the original plan was to replace the low strength open MRI in the Outpatient Center with a new high field MRI. The existing low field open MRI was to be relocated to the hospital Imaging Department and operated as needed. Once the new high field was placed in service at the Outpatient Center, it was determined there was enough MRI capacity and that the low field MRI was no longer needed. This unit was placed in storage and ultimately used as part of a trade in with Siemens Medical in a 2008 MRI replacement. The applicant included a Trade-In spec sheet from Siemens Medical in Supplemental #1.

Adding the forth MRI unit will provide the applicant with two units capable of performing cardiac and complex pediatric studies under sedation. This demand has increased due to the addition of a second cardiac imaging specialist and two pediatric subspecialists to the medical staff.

The MRI volumes for TriStar Centennial have steadily increased over the past three years with 9037 exams being performed in 2014 using three units. This averages 3012 exams per Centennial MRI unit. Data also shows that a 3.4% increase in MRI usage was experienced over the entire service area for the past three years.

According to the 2014 HSDA Equipment Registry, there were a total of 86 MRI units located in the service area. Six of those unit were listed a Shared units. For calculation purposes, those six Shared units were counted as 3 fulltime units, bringing the total to 83 units. The Mobile units were adjusted to full time equivalents, reducing the total to 81.6 total units in the service area with a total of 212,239 exams. The 2014 average MRI utilization in the service area was 2,601 per unit. The applicant provided a MRI patient origin chart on page 35 of the application documenting that 81% the Centennial MRI patients resided in the nine county primary service area.

TENNCARE/MEDICARE ACCESS:

TriStar Centennial accepts both Medicare and TennCare/Medicaid patients. The hospital also works with the uninsured to provide discounted pricing and payment plans to increase access to care.

The applicant provides a Payor mix chart on page 60 of the application showing in 2015 that 44% of Centennial's patients were enrolled in Medicare, and that 13.6% were enrolled in TennCare/Medicaid.

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located in Supplemental #1.

The project square footage is 1364 SF at a construction cost of \$396 per SF. According to the HSDA CON approved applications for years 2012 through 2014, the average hospital renovation cost per square foot for the 3rd quartile is \$297 per SF. The applicant explains that the higher square footage costs are the result of construction and fixed expenses being spread over a smaller total square footage area, as well as the high expense of MRI shielding and wiring requirements. The applicant sites the radiologists reading room renovations at less than \$180 psf, while the MRI build out and renovation will cost \$478 psf.

The project cost is estimated at \$3,128,317, and will be fully funded by HCA Holdings, Inc. by means of a cash grant to the hospital. According to the applicant, TriStar Centennial has ample cash reserves, a positive cash flow and operating margin. A letter from the Chief Financial Officer confirming the financial arrangement is included in Supplemental #1.

Historical Data Chart: The Historical Data Chart is located on page 12 of the application.

Centennial Medical Center MRI Utilization

Year	Number of MRI units	Total Procedures	Average/unit
2012	3	7996	2665
2013	3	8840	2946
2014	3	9037	3012

HSDA Equipment Registry (8/10/2015)

TriStar Centennial Medical Center (3) 7996, (3) 8840, (3) 9037, MRI utilization increased 13.02% over the three year time period.

Projected Data Chart: The Projected Data Chart is located on page 12 of the application.

Centennial Medical Center Projected MRI Utilization

Year	Number of MRI units	Projected Procedures	Average/unit
2017	4	10,782	2,696
2018	4	11,322	2,830
2019	4	11,888	2,972

The applicant projects a 5% increase in procedure volumes for each of the first three years of operation. If approved, the proposed MRI should be operational by January 2017.

The applicant provides an average charges chart on page 55 of the application. This chart details average Gross charges of \$6,347 per MRI exam in year one, with average deductions of \$5,472, yielding an average net charge of \$875 per MRI exam. According to the HSDA Equipment Registry, the state wide average MRI charge Gross Charge per MRI exam was \$3,677.84.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:

The forth MRI unit will increase scanning capabilities and available scan times to an already highly utilized MRI system. Demand for MRI services has increased approximately 8% over the past three years, with the three MRI units at Centennial averaging 3,012 exams per unit in 2014. The forth unit will decrease patient wait times for both inpatient and outpatients, and provide for quicker diagnosis of acute or emergency cases. Centennial is now staffing the 3 MRI units on 14.5 hour weekday shifts and 10 hour shifts on Saturday and Sunday. Even with extended shifts, exam wait times can range from one to four weeks depending on the type of patient and procedure.

Currently, there is only one MRI at Centennial capable of performing advanced cardiac imaging, and it is being utilized at capacity. Cardiac MRI is essential in identifying and diagnosing areas of irregularity of the heart. According to the applicant, Centennial Medical Center performs more cardiac imaging than any other HCA hospital in the HCA system. Cardiac MRI scans are one of the most lengthy and complex MRI exams, and with the addition of a second cardiac imaging specialist to the medical staff, demand for cardiac studies cannot be met without the addition of another MRI unit.

The interpretation of exams will be performed by Radiology Alliance, a practice consisting of 29 board certified radiologists. Interpreting physicians are in the imaging department when MRI studies are being performed. They are also on call 24/7 for emergency situations.

On page 65 of the application, the applicant has included a listing of 78 contractual relationships with health professional training programs in the region.

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

MAGNETIC RESONANCE IMAGING SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide Magnetic Resonance Imaging (MRI) services. Existing providers of MRI services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for MRI services.

These standards and criteria are effective immediately as of December 21, 2011, the date of approval and adoption by the Governor of the State Health Plan changes for 2011. Applications to

provide MRI services that were deemed complete by HSDA prior to this date shall be considered under the Guidelines for Growth, 2000 Edition.

Standards and Criteria

1. Utilization Standards for non-Specialty MRI Units.

- a. An applicant proposing a new non-Specialty stationary MRI service should project a minimum of at least 2160 MRI procedures in the first year of service, building to a minimum of 2520 procedures per year by the second year of service, and building to a minimum of 2880 procedures per year by the third year of service and for every year thereafter.

Centennial Medical Center Projected MRI Utilization

<i>Year</i>	<i>Number of MRI units</i>	<i>Projected Procedures</i>	<i>Average/unit</i>
<i>2017</i>	<i>4</i>	<i>10,782</i>	<i>2,696</i>
<i>2018</i>	<i>4</i>	<i>11,322</i>	<i>2,830</i>
<i>2019</i>	<i>4</i>	<i>11,888</i>	<i>2,972</i>

The applicant projects a 5% increase in procedure volumes for each of the first three years of operation. If approved, the proposed MRI should be operational by January 2017.

- b. Providers proposing a new non-Specialty mobile MRI service should project a minimum of at least 360 mobile MRI procedures in the first year of service per day of operation per week, building to an annual minimum of 420 procedures per day of operation per week by the second year of service, and building to a minimum of 480 procedures per day of operation per week by the third year of service and for every year thereafter.

N/A

- c. An exception to the standard number of procedures may occur as new or improved technology and equipment or new diagnostic applications for MRI units are developed. An applicant must demonstrate that the proposed unit offers a unique and necessary technology for the provision of health care services in the Service Area.

N/A

- d. Mobile MRI units shall not be subject to the need standard in paragraph 1 b if fewer than 150 days of service per year are provided at a given location. However, the applicant must demonstrate that existing services in the applicant's Service Area are not adequate and/or that there are special circumstances that require these additional services.

N/A

- e. Hybrid MRI Units. The HSDA may evaluate a CON application for an MRI "hybrid" Unit (an MRI Unit that is combined/utilized with another medical equipment such as a megavoltage radiation therapy unit or a positron emission tomography unit) based on the primary purposes of the Unit.

N/A

2. Access to MRI Units. All applicants for any proposed new MRI Unit should document that the proposed location is accessible to approximately 75% of the Service Area's population. Applications that include non-Tennessee counties in their proposed Service Areas should provide evidence of the number of existing MRI units that service the non-Tennessee counties and the impact on MRI unit utilization in the non-Tennessee counties, including the specific location of those units located in the non-Tennessee counties, their utilization rates, and their capacity (if that data are available).

The applicant provided a chart on page 7 of the application listing the ten major communities within the primary service area and the drive times to Centennial Medical Center with most of the communities located within 30 minutes of the hospital. Centennial is also conveniently located near all the major Interstates within middle Tennessee.

3. Economic Efficiencies. All applicants for any proposed new MRI Unit should document that alternate shared services and lower cost technology applications have been investigated and found less advantageous in terms of accessibility, availability, continuity, cost, and quality of care.

The proposed MRI unit was chosen for its cardiac and pediatric capabilities. A lower cost option was not available. It is not feasible for inpatients to be performed at other MRI locations. Purchasing another unit was the most reasonable option to increase capacity. The increased Cardiac exam capacity will meet a need

4. Need Standard for non-Specialty MRI Units.

A need likely exists for one additional non-Specialty MRI unit in a Service Area when the combined average utilization of existing MRI service providers is at or above 80% of the total capacity of 3600 procedures, or 2880 procedures, during the most recent twelve-month period reflected in the provider medical equipment report maintained by the HSDA. The total capacity per MRI unit is based upon the following formula:

Stationary MRI Units: 1.20 procedures per hour x twelve hours per day x 5 days per week x 50 weeks per year = 3,600 procedures per year

For all MRI units in the service area: 212,239 exams performed /81.6 units = 2,601 exams per unit

Mobile MRI Units: Twelve (12) procedures per day x days per week in operation x 50 weeks per year. For each day of operation per week, the optimal efficiency is 480 procedures per year, or 80 percent of the total capacity of 600 procedures per year.

N/A

5. Need Standards for Specialty MRI Units.

Question 5 is Non Applicable.

- a. Dedicated fixed or mobile Breast MRI Unit. An applicant proposing to acquire a dedicated fixed or mobile breast MRI unit shall not receive a CON to use the MRI unit for non-dedicated purposes and shall demonstrate that annual utilization of the proposed MRI unit in the third year of operation is projected to be at least 1,600 MRI procedures (.80 times the total capacity of 1 procedure per hour times 40 hours per week times 50 weeks per year), and that:
1. It has an existing and ongoing working relationship with a breast-imaging radiologist or radiology proactive group that has experience interpreting breast images provided by mammography, ultrasound, and MRI unit equipment, and that is trained to interpret images produced by an MRI unit configured exclusively for mammographic studies;
 2. Its existing mammography equipment, breast ultrasound equipment, and the proposed dedicated breast MRI unit are in compliance with the federal Mammography Quality Standards Act;
 3. It is part of or has a formal affiliation with an existing healthcare system that provides comprehensive cancer care, including radiation oncology, medical oncology, surgical oncology and an established breast cancer treatment program that is based in the proposed service area.
 4. It has an existing relationship with an established collaborative team for the treatment of breast cancer that includes radiologists, pathologists, radiation oncologists, hematologist/oncologists, surgeons, obstetricians/gynecologists, and primary care providers.
- b. Dedicated fixed or mobile Extremity MRI Unit. An applicant proposing to institute a Dedicated fixed or mobile Extremity MRI Unit shall provide documentation of the total capacity of the proposed MRI Unit based on the number of days of operation each week, the number of days to be operated each year, the number of hours to be operated each day, and the average number of MRI procedures the unit is capable of performing each hour. The applicant shall then demonstrate that annual utilization of the proposed MRI Unit in the third year of operation is reasonably projected to be at least 80 per cent of the total capacity. Non-specialty MRI procedures shall not be performed on a Dedicated fixed or mobile Extremity MRI Unit and a CON granted for this use should so state on its face.
- c. Dedicated fixed or mobile Multi-position MRI Unit. An applicant proposing to institute a Dedicated fixed or mobile Multi-position MRI Unit shall provide documentation of the total capacity of the proposed MRI Unit based on the number of days of operation each week, the number of days to be operated each year, the number of hours to be operated each day, and the average number of

MRI procedures the unit is capable of performing each hour. The applicant shall then demonstrate that annual utilization of the proposed MRI Unit in the third year of operation is reasonably projected to be at least 80 per cent of the total capacity. Non-specialty MRI procedures shall not be performed on a Dedicated fixed or mobile Multi-position MRI Unit and a CON granted for this use should so state on its face.

6. Separate Inventories for Specialty MRI Units and non-Specialty MRI Units. If data availability permits, Breast, Extremity, and Multi-position MRI Units shall not be counted in the inventory of non-Specialty fixed or mobile MRI Units, and an inventory for each category of Specialty MRI Unit shall be counted and maintained separately. None of the Specialty MRI Units may be replaced with non-Specialty MRI fixed or mobile MRI Units and a Certificate of Need granted for any of these Specialty MRI Units shall have included on its face a statement to that effect. A non-Specialty fixed or mobile MRI Unit for which a CON is granted for Specialty MRI Unit purpose use-only shall be counted in the specific Specialty MRI Unit inventory and shall also have stated on the face of its Certificate of Need that it may not be used for non-Specialty MRI purposes.

N/A

7. Patient Safety and Quality of Care. The applicant shall provide evidence that any proposed MRI Unit is safe and effective for its proposed use.

- a. The United States Food and Drug Administration (FDA) must certify the proposed MRI Unit for clinical use.

The applicant provides FDA documentation

- b. The applicant should demonstrate that the proposed MRI Procedures will be offered in a physical environment that conforms to applicable federal standards, manufacturer's specifications, and licensing agencies' requirements.

The applicant confirms that all State, Federal, Local, and Manufacturer's requirements will be followed.

- c. The applicant should demonstrate how emergencies within the MRI Unit facility will be managed in conformity with accepted medical practice.

The applicant supplied copies of the emergency protocols for TriStar Centennial Medical Center, along with MRI imaging specific safety protocols in section C, Need 1.A.3.e.

- d. The applicant should establish protocols that assure that all MRI Procedures performed are medically necessary and will not unnecessarily duplicate other services.

The applicant states that as part of their Quality Improvement program, retrospective reviews on MRI necessity are performed. Also, the interpreting radiologists can identify physician's requests for MRI exams that may need explanation for appropriateness.

- e. An applicant proposing to acquire any MRI Unit or institute any MRI service, including Dedicated Breast and Extremity MRI Units, shall demonstrate that it meets or is prepared to meet the staffing recommendations and requirements set forth by the American College of Radiology, including staff education and training programs.

The applicant states that TriStar Centennial MRI units are accredited by the American College of Radiology. Part of the ACR accreditation process involves proper staffing and education. The project will require the addition of one MRI technologist only.

- f. All applicants shall commit to obtain accreditation from the Joint Commission, the American College of Radiology, or a comparable accreditation authority for MRI within two years following operation of the proposed MRI Unit.

The applicant states that TriStar Centennial MRI units are accredited by the American College of Radiology, and that they will seek accreditation for the proposed unit also.

- g. All applicants should seek and document emergency transfer agreements with local area hospitals, as appropriate. An applicant's arrangements with its physician medical director must specify that said physician be an active member of the subject transfer agreement hospital medical staff.

The applicant is a regional tertiary hospital. No transfer agreement needed.

- 8. The applicant should provide assurances that it will submit data in a timely fashion as requested by the HSDA to maintain the HSDA Equipment Registry.

Applicant has complied with this provision in the past and will continue to do so.

- 9. In light of Rule 0720-11.01, which lists the factors concerning need on which an application may be evaluated, and Principle No. 2 in the State Health Plan, "Every citizen should have reasonable access to health care," the HSDA may decide to give special consideration to an applicant:

- a. Who is offering the service in a medically underserved area as designated by the United States Health Resources and Services Administration;

The applicant provides documentation of areas within the service area designated as Medically Underserved.

- b. Who is a "safety net hospital" or a "children's hospital" as defined by the Bureau of TennCare Essential Access Hospital payment program; or

The Children's Hospital at TriStar Centennial treats TennCare children. This project will reduce the wait times for pediatric patients.

- c. Who provides a written commitment of intention to contract with at least one TennCare MCO and, if providing adult services, to participate in the Medicare program; or

TriStar Centennial is contracted through its Division office with all four MCO's that serve Middle Tennessee.

- d. Who is proposing to use the MRI unit for patients that typically require longer preparation and scanning times (e.g., pediatric, special needs, sedated, and contrast agent use patients). The applicant shall provide in its application information supporting the additional time required per scan and the impact on the need standard.

The applicant intends to use the proposed units for routine MRI exams, but also for cardiac and pediatric studies. Both of these type exams require additional scanning time and preparation. Demand for cardiac exams has increased as the cardiovascular program has grown, including the addition of a second cardiac imaging specialist.

Often pediatric exams require additional time due to the complexity of using sedation for pediatric patients. Additional demand for pediatric scanning has increased with the addition of new pediatric neurology and oncology medical staff.

Standards and Criteria Regarding Certificate of Need Applications for Magnetic Resonance Imaging Services

- 1. **Exceptions to Utilization Standards:** Exceptions to the standard number of procedures has been retained for new or improved technology and diagnostic applications, and for mobile MRI Units in operation fewer than 150 days of service per year. Applications for hybrid MRI Units (e.g., MRI Units combined with PET Units or MRT Units) may be assessed under the primary use of the hybrid unit.

N/A

- 2. **Other Access Issues:** The provision of health care doesn't recognize state boundaries. Accordingly, applicants may include non-Tennessee counties in proposed service areas if that data are available.

N/A

- 3. **Economic Efficiencies:** To support the goal of reducing health care costs, applicants should document that other options have been investigated and found less advantageous.

The proposed MRI unit was chosen for its cardiac and pediatric capabilities. A lower cost option was not available. It is not feasible for inpatients to be performed at other MRI locations. Purchasing another unit was the most reasonable option to increase capacity.

4. **Specialty MRI Units Standards:** Dedicated Breast MRI Units have a proposed total capacity estimate of 2,000 procedures per year. Dedicated Extremity and Dedicated Multi-position MRI Units do not have a defined estimate; an applicant must demonstrate total capacity as well as its estimated annual utilization that, by the third year, will be at least 80% of total capacity.

N/A

5. **Inventories:** Given that there are proposed different standards for Specialty and non-Specialty MRI Units, separate inventories should be maintained. Additionally, a CON granted for the institution of a Specialty MRI Unit should not be permitted to be used for non-Specialty MRI purposes; it is recommended that any CON granted for Specialty MRI purposes so state on its face.

N/A

6. **Quality of Care:** Specific staffing, training, and education standards are included to help ensure patient safety and quality of care provided.

The applicant states that TriStar Centennial MRI units are accredited by the American College of Radiology. Part of the ACR accreditation process involves proper staffing and education.